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SUPPURATIVE ARTHRITIS—ITS CONSERVATIVE TREATMENT.*

BY C. B. NANCREDE, M. D.,

Professor of General and Orthopædic Surgery in the Philadelphia Polyclinic; Surgeon to the Episcopal and St. Christopher's Hospitals.

This paper in reality consists of the brief notes of a case of incised wound of the knee-joint, and the elaborate history of a second case of suppurative arthritis of the wrist-joint. For the history of the latter I am indebted to Dr. Ralph W. Seiss, the family attendant of the patient, to whose unremitting and intelligent care a large share of the recovery must be attributed. Instead of dilating upon the indications for treatment in cases of suppurative arthritis, I will simply let the histories of the cases speak for themselves.

On Saturday, March 25, 1882, I was asked to see J. P. R., æt. 28 years, a patient of Dr. T. S. Crowley. The doctor had first seen him on that day, and had at once directed them to send for me, recognizing the exceeding gravity of the case. J. R. had, the previous Thursday afternoon, cut his right knee with the corner of his hatchet, when the limb was strongly flexed, thus rendering the incision into the capsule non-coincident with that through the skin when the joint was in any other position than extreme flexion; in other words, the joint was opened in a so-called valvular manner. Owing to a nick near the corner of the hatchet, the weapon must have in-

cised the capsule fully to the extent of a fourth of an inch. He at once tied a "chew of tobacco" over the wound, and did some light work until the evening, when he rode home. The next day he returned to his work, which happened then to be light, but unfortunately he walked home, about two miles, which caused enough pain and uneasiness in the joint to induce him to stop to rest several times before reaching home. That evening he still persisted in walking around, without experiencing much uneasiness, and, retiring early, was awakened by very severe pain in the joint, which was red and swollen. Chills, high fever, and slight delirium rapidly supervened. When I first saw him, the joint was filled with fluid, and the peri-articular tissues were swollen and reddened. Rest and ice with opiates utterly failed to control the symptoms, so that by Sunday night the patient was very ill, with a manifestly suppurating joint. Some synovia mingled with pus issued from the incision, both with and without pressure. Upon consultation with Prof. Ashhurst, I freely laid open the original wound upon a director, and then made a free incision upon the outer upper side of the patella, thereby giving vent to a quantity of purulent synovia. The patella came into contact with the femoral condyles, so that no extended search was made for the opening in the capsule. A poultice was applied and morphia exhibited. The next morning the joint had again filled up, but on a second visit the discharge had again found vent, allowing the patella to recede to its normal position. The whole lower half of the thigh and the region of the head of the tibia was converted, within a few days, into a series of ab-

*Read before the Philadelphia County Medical Society, November 19, 1884.

accesses more or less intercommunicating. Suffice it to say, that by free counter-openings, drainage-tubes, antiseptic injections, and immobility of the joint secured by splints and suspension from the ceiling, aided by a proper supporting regimen, with free stimulation, quinine, etc., the patient convalesced. Hot douching, massage and passive movement, in a few months brought the knee to a right angle, and now perfect extension and nearly perfect flexion have been attained. The members will see that the patient walks absolutely without any limp, with a freely-moving, normal joint, which never reminds him of previous trouble, except by passing fatigue, although he tells me that he has formed such a habit of "favoring" his knee, as to make him afraid to exert it much, unless he forgets all about it, when he uses it as freely as ever before. Such a result speaks for itself.

In this case there is no reason to doubt, that the immediate application of a compress and bandage in the form of the "chew of tobacco" and the handkerchief excluding the air, the ride home and the night's rest, all favored primary adhesion of the capsular wound. The next day's work, light as it was, with the walk home and the subsequent evening's exercise, doubtless reopened the recently-healed capsule, air was probably pumped in by the movement of the joint, and suppuration ensued. Perfect quiet of the joint from the moment of reception of the wound, its disinfection and antiseptic dressings, aided by cold, would doubtless have obviated all the subsequent danger and suffering.

I shall now read the notes relative to the case of suppurative arthritis of the wrist and inferior radio-ulnar joints, kindly furnished me by Dr. Seiss:

On April 24, 1884, I was called in the case of Mr. W., a large, powerful man, of splendid constitution, and perfect family history; a builder, he had led an active, out-door life, and had been of regular habits up to within a few years, since when he has been drinking somewhat heavily. One week before I saw him, while wrenching the stopper from a bottle, the neck broke, and the keen edge of the larger fragment, in slipping, cut the ulnar side of his right wrist, producing a wound down to the joint capsule, and about an inch in length. After allowing the free venous bleeding to continue some moments, he forcibly strapped the wound with many layers of court-plaster, applied over this a tight bandage, and then soaked the entire dressing with "Turlington's Balsam." To ease the terrible pain he suffered, he says he consumed about a quart of whisky

in a single day, and almost as much the succeeding day. He was given calomel and a "fever mixture" by a local practitioner at Atlantic City, N. J., where the accident occurred, and some five days after the receipt of the injury, was removed by his relatives to Philadelphia.

When I saw him, his hand was encased in a clumsy poultice, on removing which I found the wound partly filled by friable granulations. On examination with a probe and my little finger, I could plainly feel the capsular ligament, which appeared uninjured; the ulnar artery was also found to be intact; the motions of the wrist-joint were still free. His temperature was 103° ; his skin clammy and leaking; tongue foul and coated; respiration hurried; pulse rapid and weak; mind clouded, with a marked tendency towards muttering delirium; his urine was found, on examination next day, to be loaded with albumen. The entire hand and lower forearm were covered with a fiery red blush; the hand was much swollen and puffy. I at once enveloped the entire hand and forearm in a dressing of laudanum and water, equal parts, and placed it upon a forearm splint. I put him upon two grains of sulphate of quinine every two hours, night and day, each dose to be followed by a half ounce of whisky in an ounce of milk—which was increased to three ounces of milk as soon as the stomach was found to bear well the first few doses. I also ordered him to be sponged daily with a solution of alum in alcohol and water.

For seven days after the adoption of the above treatment he grew steadily better, with less sweating, a stronger pulse and respiration, a lower temperature, and his mind was clear. On the evening of the seventh day, his temperature rose rapidly to 103° , and continued to rise, with slight morning remissions, until it reached $104\frac{1}{2}^{\circ}$ on the evening of the tenth day. I then found a small abscess forming over the first and second metacarpal bones, which I at once opened by a free incision—permitting the escape of about half an ounce of creamy pus. He immediately improved, but shortly after commenced to have marked night-sweats, with great pain in the hand and forearm, requiring the frequent administration of hypodermic injections of morphia sulphate, to secure rest at night. About a week after the formation of the first abscess, I opened another, situated between the thumb and index finger, by a deep incision, giving vent to a thin glairy pus. This, however, produced but a slight remission of the symptoms, and he rapidly fell into a semi-typoid state. A few days after the opening of

the second abscess, Prof. C. B. Nancrede saw him in consultation with me. The following conditions now obtained: Careful manipulation gave a slight sensation of grating, showing the presence of eroded bone; examination with a probe showed extensive destruction and separation of tissues, the hand being little more than a bag of bones; the wrist-joint was stiff, and gave distinct crepitus on motion. The original wound was covered with exuberant granulations. General conditions markedly septic and typhoid. A counter-opening was now made on the radial side of the wrist, a grooved director being passed through my incision over the second metocarpal, which had been kept freely open, directly through the opening. The pulsation of the bare artery (radial) could be plainly felt under the director. Upon suggestion of Dr. Nancrede, the hand was now enveloped in dressings of hydrarg. bichloride, one part to 2000 of boiled water, and three-drop doses of tincture ferri chloridi were given every two hours, in addition to the treatment already adopted. This caused a slight amelioration in the symptoms. Thorough drainage was maintained by the use of drainage-threads of ligature silk, and all the openings were carefully syringed twice daily with the hydrarg. solution. The quinine and whisky were continued, together with hot broths and concentrated foods of all kinds. His average morning temperature was now $101\frac{1}{2}^{\circ}$, his evening rise from one degree to two and a quarter degrees; pulse always rapid and feeble—from 98 to 119; respirations hurried, mind clear; took food willingly; had occasional fits of restlessness and pain, requiring hypodermics of morphia; some night-sweats; a trace of albumen constantly found in urine, but no casts could be found at any time. For two weeks this state of things continued, with little change for better or worse. Then commenced a train of markedly septic symptoms; lungs frequently congested; some cough; marked night-sweats; hurried pulse and respiration; furred and heavily-coated tongue; intense pain in hand; urine loaded with albumen; occasional, though rare, chills. Some fourteen days after the first consultation, his temperature began to rise steadily until it reached 105° on the sixteenth day after our first consultation, and he now failed so rapidly that I feared speedy death from exhaustion.

On the evening of the sixteenth day I discovered a deep-seated abscess over the distal ends of the ulna and radius. The same evening I again saw him with Dr. Nancrede, when the following operation was performed: Dr. Nancrede made a free

incision over the abscess and dissected down on a director until the joint was reached; the latter was opened, and about a half ounce of pus allowed to escape from it.

On examination with the probe and finger, the articular surfaces of the inferior radio-ulnar joint were found to be deeply eroded. The bones of the proximal row of the carpus and the articular surface of the radius were also found to be softened and partially denuded of cartilage. A director was pushed through the radio-carpal joint until it could be felt under the skin and the dorsal aspect of the wrist, where a free counter-opening was made down upon it. The wound was now thoroughly syringed with the hydrarg. solution and a stream of the latter forced through the radio-carpal joint, moderately forcible extension being made to facilitate the passage of the solution. The hand was now most carefully cleansed with the antiseptic solution and antiseptic irrigation was used, the hand and forearm simply resting on a bed of raw cotton, covered by lint kept constantly soaked with the bichloride solution; the amount of whisky he had been taken steadily since I first saw him was increased, and the dose of quinine raised to twenty-eight grains per diem. The night of the operation he suffered intense pain in the hand, requiring two hypodermic injections of morphia, each of one-fourth grain, to produce quiet.

With the exception of one more small abscess on the dorsal aspect of the hand, which I opened, and its attendant symptoms, and a troublesome pressure-sore on his elbow, he now steadily improved. It having been found absolutely necessary to open the sheath of a tendon—palmaris longis?—in opening the joint, some slight trouble occurred from hernia of the tendon, it occasionally extruding to the extent of nearly two centimetres; it was carefully returned at each of the two daily dressings, and attempts made to keep it in place by a compress lightly applied. It perfectly returned to its normal position as the wound closed. A large amount of bloody synovia could be pressed from the sheath of this tendon at each dressing. In ten days he was able to sit up for a short time, and the doses of both quinine and whisky were now lessened. After some weeks of treatment with the bichloride solution, he exhibited marked mild mercurial poisoning, and carbolic-acid solution, one part pure crystals to forty-five of boiled water, was substituted. In three weeks the arm was put upon a wooden forearm-splint, still enveloped in wet carbolic-acid dressings, and he was able to move about his

room. About a week later he went downstairs for the first time. The quinine and alcohol were now reduced to tonic doses. The wounds were now completely blocked with healthy granulations; and, therefore, the wet carbolic-acid dressings were discontinued, the wounds being dressed with carbolized cosmoline—one to forty pure crystals—and later, with oxide of zinc ointment. Passive motion was now made for some minutes, night and morning. After some three weeks of this treatment, *thirteen weeks* after receiving the injury, he was able to leave the house for a short walk; and *fifteen weeks* after the accident he was able to go about and attend to his affairs almost as usual, wearing his arm on an accurately-moulded splint of binder's board, with the wounds entirely healed.

I now saw him but three or four times weekly, and at each visit thorough friction with alcohol on a handful of raw cotton, thorough massage and passive motion of the entire arm were practiced. The elbow was now exceedingly stiff, the shoulder-joint equally so, the wrist ankylosed, thumb almost rigid, only slight motion of the fingers. The binder's-board splint was now soon abandoned, and he was instructed to make constant efforts to move all the joints of his arm, forearm, and hand. I saw him weekly and made strong passive motion of all the stiffened joints at each visit.

At present, six months after accident, his condition is as follows: Weight, 185 pounds—being a gain of 26 pounds in about nine weeks—general health good; some neuralgic pain in injured hand occasionally; shoulder slightly stiff, deltoid muscle unable to lift it to normal height. Elbow stiff, but hand can be brought directly back to within eight inches of the shoulder—which, the wrist-joint being ankylosed, is almost normal. The forearm cannot be pronated nor supinated, save to a very slight extent. The wrist-joint, as a whole, has a slight degree of extension and flexion. The fingers have more than three-fourths normal flexion and extension, and that quite free. The thumb has its free movements, and is but very slightly stiffened. He writes, with the injured member, a very fair hand, and can continue its efforts long enough to write four pages of "legal cap" without rest. The hand can also be rapidly used for all ordinary purposes not requiring much strength. He feels changes in the weather badly in the entire right arm, but apart from this, the occasional neuralgia and a feeling of weakness and tenderness in the member, uses it as freely as the other uninjured hand.

In conclusion, I would again reiterate that free incision, drainage, and rest, combined with antiseptic treatment in its broadest sense, will, when judiciously followed by persistent passive movement and massage, often save not only life and limb, but an excellent joint, such as I show you in these two cases to-night.

THE LEGAL CONTROL OF MEDICAL PRACTICE BY A STATE EXAMINATION;*

BY JOHN B. ROBERTS, M. D.,

Of Philadelphia,

Professor of Anatomy and Surgery in the Philadelphia Polyclinic.

It is my intention this evening to briefly review the advantages that would accrue to the public and the medical profession by the enactment of a law placing the control of medical practice in the hands of a State Board of Examiners. As is known to many of you, a person who desires to practice medicine in Germany must pass a governmental examination. The students study in universities, and take degrees, but such degrees do not confer the right to enter upon practice. The health and lives of the citizens of the empire are believed too valuable to be imperiled by the acts of ignorant physicians. Hence, although the universities themselves are under the supervision of the State, the candidate for practice must, in addition to his university examination for a degree, pass a governmental examination for license, to follow professional work among the people of his vicinity. He is not a legally qualified practitioner until this is accomplished.

The recklessness with which medical legislation has been neglected in this State will be apparent when I say that the medical schools are under no State or Federal supervision whatever. They have entire control of the time and character of studies required from the intending practitioner, examine him upon the same, and confer the medical degree, which is at once accepted by the authorities as evidence of sufficient knowledge and skill to entitle the possessor to practice medicine, surgery, and obstetrics in the community. Still further, to encourage wholesale and unrestrained manufacture of physicians, the "doctor manufacturing" are, I believe, even exempt from taxation.

Until the year 1881 there existed in this Commonwealth no law whatever regulating medical practice. At that time the law to provide for the

* Read before the Medical Jurisprudence Society of Philadelphia.

registration of all practitioners of medicine and surgery was enacted by the General Assembly of Pennsylvania. It effected much good, and was a distinct step forward, though it has, among other minor defects, the weakness that the possession of a genuine diploma is taken as evidence of knowledge.

As long as the medical schools of the United States are dependent for prosperity upon the number of fees received from pupils, and as long as examinations by the faculties who receive these fees are the sole test of skill, a diploma, even from the highest grade institution, carries with it little value as a diagnostic proof of professional learning. The old Latin proverb has it: "Caveat emptor," "Let the buyer beware." I say, "Caveat æger," "Let the sick man beware," if he believes that the fact of graduation from a renowned college confers intelligence and skill. The placard, "No reasonable offer declined," usually tells the buyer that inferior quality of goods is to be expected. Would that many colleges had the honesty to display a similar escutcheon over their portals, reading, "No reasonable ignorance rejected."

The step I advocate to-night is the creation of a Board of Medical Examiners, under State jurisdiction, which shall examine all persons desiring to enter upon practice in this State, after January 1, 1886, without regard to when, where, or how they obtained medical education. If such an examination by non-interested persons shows the proper qualifications, the candidate is to be furnished with a certificate, and is then registered in the Prothonotary's office as heretofore. Let the medical schools teach, examine, and grant degrees as at present; but let no one practice in this State who has not been examined by those who have no interest in passing or rejecting him. In other words, merely substitute for the diploma the certificate of the State Examining Board, as the requisite of registration.

The greatest advantage derived from such a law would be the protection of the public health from ignorant physicians. Bear in mind that I refer now, not to Indian medicine men, negro herb doctors and other charlatans, but to ignorant physicians, graduates of recognized and reputable schools of the United States and other countries; such as are duly armed with beautifully engraved diplomas signed by leaders of the profession, and, therefore, more dangerous to the community than a whole tribe of Indian "pow-wow-ers."

The United States government long ago adopted a similar plan of examining candidates for its

army and navy medical services; so that at the present time its soldiers and sailors, even in distant territories and seas, have an average benefit of better educated physicians than citizens of New York, Philadelphia, or Boston. An army or navy surgeon receives his education in any school, but he enters the federal service only after an examination by a board who had nothing to do with teaching him, and who have no pecuniary interest in passing ignorant candidates.

A second advantage of the plan advocated is the improvement in registration that would take place. By the present law, persons who were in continuous practice for ten years prior to its enactment were allowed to register without diploma and without examination. Such persons, if any still reside in the State unregistered, or if any new ones come into the State, would by the new law be required to show their qualifications for practice by examination. This would be a gain, as it would exclude a certain proportion of uneducated persons.

Section 4 of the Registration Law requires persons coming into this State with diplomas from other countries or States, "to lay the same before the faculty of one of the medical colleges or universities of this commonwealth for inspection, and the faculty, being satisfied as to the qualifications of the applicant and the genuineness of the diploma, shall direct the dean of the faculty to endorse the same, after which such person shall be allowed to register." This imposes a considerable amount of work upon the medical schools, who, doubtless, would gladly be excused from this unpaid and uncongenial labor; for to reject the diploma or graduate of a neighboring institution lays the school open to unjust criticism. Moreover, the law does not state that the said colleges should be schools for under-graduates. Some months ago, application was made to me, as Secretary of the Philadelphia Polyclinic and College for Graduates in Medicine, for certification of a man's qualifications for registration under this act. Undoubtedly, post-graduate medical schools were not intended by the law, and I declined to act in the matter. Moreover, there are loop-holes in the Registration Law by which punishment for practicing illegally can be escaped. A notable case occurred, six or seven months ago, in Clearfield county, and is mentioned in an editorial published in the *Polyclinic* for March, 1884.

An exceedingly important result of the establishment of a State Examining Board in Pennsylvania would be the elevation of the standard of

education in the medical colleges of the country. Many citizens and prospective citizens of the Keystone State study in the colleges of New York, Maryland, Ohio, Michigan, and other States. As soon as it is known that no one can practice in this wealthy commonwealth unless he passes the State examination, such persons will study in the highest-grade schools, and in those whose graduates show the smallest percentage of failure before the Pennsylvania Examining Board. Hence if our schools are the best equipped and supply the best education, men will not pay their money to the teachers, boarding-house keepers, and merchants of other states, but will attend our own schools, and thus increase the business prosperity of Pennsylvania. The competition of low-grade colleges, whether in this or neighboring States, would not then tend to paralyze the efforts of institutions of high educational standard. There would be no longer a premium offered for quick graduation, after two years' study and a five minutes' oral examination in each of seven branches.

Another indirect advantage would be this: that students could study in several institutions, and thus gain the benefit of hearing the foremost teachers of various schools, instead of being cognizant of the precepts of but one faculty. The former method of study is certainly the most elevating, as it broadens professional knowledge.

The division of labor resulting from examinations being held by a non-teaching board, having committees in different parts of the State, would make it possible to hold written and manipulative, as well as oral examinations, and thus do better justice to candidates than is possible by an oral examination alone. Again, the examinations not being held all at one time of year, would further accommodate intending practitioners and lessen the labor of the examiners. As it is now, the college faculties, with great inconvenience to themselves, and often with injustice to the pupils, hurry through the examinations of several hundred students in a few days. A gentleman, now dead, who was for years a professor in a large medical school, once told me of a case where a man who failed to pass his examination was actually graduated, because of a clerical error that occurred in the hurry of commencement time. Neither of us knew how many people owed their deaths to that accidental physician. Bright men may have been rejected by similar errors made in hasty examinations. The State Board examination would be conducted leisurely, and being partly written, would show

by the records whether a man was unjustly rejected. He would also have the right to a public appeal from the report of the Board, which now he has not. The college examination is, as it should be under the present arrangement, the private business of a private corporation, and, therefore, sealed from public inspection.

Another advantage which deserves consideration, is the power of revoking a man's license to practice, which would be possible if a State Examination Board is instituted. His diploma cannot and could not be taken away, but his certificate of knowledge, character, etc., could be cancelled or withdrawn by the Board if he was convicted of criminal malpractice or similar crime.

The last reason for advocating the law is cogent; but to my mind deserves little attention, because it is a selfish one, which should influence us much less than those previously discussed. Such an examination would weed out and keep out of the profession those persons who, though ignorant of medical science, accept professional duties and emoluments, and thus increase the difficulty of an educated physician gaining a livelihood. There are, undoubtedly, too many physicians for the needs of the closely-settled districts. Fewer doctors, and better ones, would be a boon to most sections of the State. The State examination would effect both objects. The legal profession has, I believe, certain restrictions to indiscriminate admission to the bar. Why should not the medical profession have some similar protection?

Dr. Isaac Ashe speaks of districts in Scotland where sixpenny charges are made by physicians, and says he knows of an English town of 50,000 inhabitants, where one shilling charges are made for medical advice. ["Medical Politics," the Carmichael Prize Essay for 1873, p. 33.] He quotes from the *Medical Press and Circular*, of September 11, 1872, p. 216, the following charges adopted by a practitioner of thirty years' experience: "Midwifery, two shillings and sixpence; advice, sixpence; consultations, one shilling." Is there a barrister in England, or an attorney-at-law in Pennsylvania, who accepts such insignificant fees for professional services? Yet the position of the medical profession in Pennsylvania is little better than that mentioned in England. The poor estimate put upon medical service is due to the overcrowded state of the profession, and the inferior quality of much medical work; both of which conditions would steadily decrease after the initiation of a State examination.

That the medical profession desires the adoption of a State Examining Board, may be assumed

from the recent action of the Philadelphia County Medical Society. At a meeting of the present month, in which this and kindred educational topics were fully discussed by college professors and practitioners, both general and special, the following resolutions were offered. After postponement for printing and circulation, they were adopted :

"*Resolved*, That the Philadelphia County Medical Society believes that the status of the medical profession of this State will be elevated by the establishment of a non-teaching Board of Medical Examiners, whose certificate shall be the only one accepted by the prothonotary's office for physicians registering after January, 1886.

"*Resolved*, That the other county Societies of this State be requested to advocate the establishment of such a Board at the next meeting of the State Society, and to discuss the matter, prior to that meeting, with the members of the General Assembly resident in their counties.

"*Resolved*, That the Corresponding Secretary be directed to transmit a copy of these resolutions to the Secretary of each county society, with the request that immediate action be taken, and reported to this society.

"*Resolved*, That a committee be appointed to draft a law creating a State Board of Examiners for the examination of all persons for license to practice medicine, the said law to be presented at the next meeting of the Medical Society of Pennsylvania by the Philadelphia delegates to that meeting."

Having spoken of the advantageous action of a State Examining Board, I must hastily consider the objections that will be raised to its enactment.

It will be said that physicians living outside of this State, but near its border, are often called to attend patients in Pennsylvania. Very well, let them be examined by the Pennsylvania Board, and register in the county in this State nearest their residence. Shall a physician of New Jersey, Maryland, Delaware, New York, or Ohio, practice continuously in Pennsylvania without being subjected to the same examination as residents of this State? Certainly not. Those, however, who come into the State as consultants with duly licensed practitioners of this State should, of course, be excused from the State examination. So should dentists who do not practice medicine, whether residents or non-residents of the State. In the same manner midwives, who attend the very poor in cases of confinement, should be exempt from professional examination, though they undoubtedly should be registered and give some evidence of obstetric knowledge.

A physician changing his residence within the State would merely be required to register in his new locality, but would have to pass no second examination. Nor should those now legally registered and practicing be required to pass the State examination.

It will be urged as an objection that there are physicians who desire to practice special systems of medicine, and that such a State examination would exclude these from practice. Not at all. Let the Board examine all candidates on anatomy, physiology, pathology, hygiene, surgery, obstetrics, chemistry, and materia medica only, omitting theories of medical practice and therapeutics entirely from the schedule.

I have thus advocated, Mr. President and gentlemen, a measure which will, I believe, add to the wealth and prosperity of the State of Pennsylvania, and elevate the profession of medicine; for whatever elevates the latter must increase the former. The wealth of a community is the health and lives of its citizens. Every useful life saved, every illness shortened, adds to the public treasury. The educated physician may do both; the ignorant physician does neither. I pray you to aid in cultivating the one and eradicating the other.

1118 Arch street.

DOUBLE INGUINAL HERNIA IN A MALE INFANT THIRTY-EIGHT DAYS OLD— STRANGULATION ON THE LEFT SIDE—HERNIOTOMY.*

BY L. W. STEINBACH, M. D.,

Adjunct Professor of Anatomy and Surgery in the Philadelphia Polyclinic.

The subject of my remarks, a male infant, was born on September 2 of the present year, at the beginning of the ninth month of utero-gestation. During six weeks preceding labor the mother was confined to her bed or room on account of hemorrhages, due to partial placenta prævia. The infant was feeble and bore evidence of premature birth by its general debility, rather than by any specific sign of incomplete development. I estimated its weight at about five pounds. Within two days the child became jaundiced, but his condition otherwise, as well as that of the mother, was sufficiently favorable for me to cease paying regular visits after the tenth day.

On the morning of October 11, the father called and requested me to see the child, because it had

* Read before the Philadelphia County Medical Society, November 19, 1884.

been unusually restless during the night, and because the mother had noticed a swelling in the groin the previous evening.

Thinking that this swelling as described to me by the father might be a rupture, I visited the child without delay, and on rapid inspection found a deeply-jaundiced little patient, not markedly increased in size since birth, with a tumor in each inguinal region, so that the pubic region resembled a *mons veneris*, with the adipose tissue well developed. As this, however, was not likely to be the case in so poorly-nourished an infant, I continued my examination by manual palpation, and felt on each side a firm swelling, which reached up to the respective external inguinal ring, and extended obliquely downwards and inwards into the scrotum to the extent of more than two inches. The tumors were hard, and only slightly elastic, but in neither one could I locate the testicle or separate it from the rest of the tumor.

It will appear that the diagnosis must have been easily arrived at, because there are but few pathological conditions likely to be found in an infant that would resemble this, other than hernia, or perhaps hydrocele. Yet, fearing to exert pressure upon such tender structures in order to satisfactorily outline the testicles, I entertained some doubt whether I was really dealing with a case of double inguinal hernia, for which there existed the speculative causes of congenital debility, a patulous canal, and above these an impediment to the easy evacuation of the bladder in the existence of *phymosis*.

I informed the parents that I believed the child to be suffering with a double hernia, and that I would make an attempt to reduce it.

The amount of manipulation which I considered to be safe not having lessened the size of either tumor, and there being no urgent symptoms, I left, with the promise to return towards evening of the same day, with instructions to the mother to note carefully whether the child urinated, or had a fecal evacuation. At my evening visit, I learned that the child had had no passage since the preceding day, that it passed but a small amount of urine, and was disinclined to nurse. I now renewed my attempts at reduction, and succeeded in returning the protrusion on the right side into the abdominal cavity, the testicle remaining in the scrotum. Only at this juncture did I become positive of my diagnosis. My exertions to reduce the tumor on the left side proved unavailing. In order to ascertain whether I could induce an evacuation of the bowels without

endangering the child's condition, I inserted a small cone of soap into the rectum; this met with prompt response from that organ, and together with the soap a small amount of inspissated mucus, intermixed with, or rather discolored by, fecal matter, was expelled. This convinced me that a constriction existed somewhere in the intestinal tract. Placing a small compress over the right external inguinal ring, and securing it by a bandage, in order, if possible, to prevent a recurrence of hernia on that side by straining in the act of micturition, I left my patient.

In the morning, and again towards evening of the following day, attempts made at taxis were unsuccessful. Constipation, scanty urination, and refusal to take the breast, continued until the third day, when I consulted with Dr. John B. Roberts, who concurred in the diagnosis of *strangulated hernia*.

After some manipulation, which somewhat reduced the tumor in size, and seemed to relieve the symptoms, it was agreed to postpone operative procedure until more urgently required. Towards evening of the same day, the vomiting, which had existed before, became more pronounced, and the copiously-emitted substance, in its consistency, color, and odor, resembled fecal matter.

About noon of October 14, and therefore the fifth day after the symptoms of hernia were first noticed, and when the child was just six weeks old, an anæsthetic (ether) was administered; and the last, but unsuccessful attempt at reduction having been made, I proceeded, with the material aid of Drs. Roberts, O'Hara, and other gentlemen, to perform *herniotomy*.

Making an extensive incision through the tegumentary structures, and subsequently dividing two additional layers of investment to the hernia, a sac was reached, which was hard to the touch and distended by fluid contents. A puncture of this sac, and evacuation of its sero-sanguinolent contents by means of a hypodermic syringe, caused its partial collapse, and a trial was made to return the protrusion into the abdominal cavity. This attempt proving ineffectual, the hernial sac was incised. This laid open for view a coil of small intestine of a purplish red hue, and below it the testicle and the epididymis. This last peritoneal investment was the *tunica vaginalis testis*, and consequently formed the true hernial sac.

Even now an obstacle to the return of the intestine presented itself at the constricted neck of the sac. The tender age of the patient and the

delicate and small structures involved, necessitated the employment of the ophthalmic surgeon's canaliculus knife, in place of a Cooper's hernia bistoury, while a small grooved director served the purpose of a hernia director until an incision enlarged the opening to a sufficient extent to permit the insertion of Levis' hernia director. The hernia was of the oblique variety, and after extensive enlargement of the external inguinal ring over Levis' director, the intestine was returned into the abdominal cavity.

The interrupted wire suture was now employed; the first and second stitches, penetrating all structures from without into the abdominal cavity, approximated the edges of the external abdominal ring. A strip of rubber tubing was inserted, to favor drainage. The loss of blood was insignificant in amount. Antiseptic precautions were observed, by using a solution of corrosive sublimate for the hands, sponges, and towels, whilst the instruments were kept immersed in carbolyzed water. An existing phymosis, which was regarded a factor in the production of the hernia, was corrected at the same time.

A few hours after the operation, the child had a normal passage; the urine which was voided contained a dark green sediment, which remained as stains on the napkin. The child took the breast readily, and appeared in no way to be disturbed by the operation. Primary union took place throughout the extent of the wound, and the drainage-tube was removed on the third day, after which the small orifice thus left also closed. No symptoms of peritonitis, or inflammation elsewhere, appeared; the pulse was better than before the herniotomy; the excretions continued regular, and everything gave promise of a favorable result, except that the babe did not gain strength, and the jaundice became rather more pronounced. On the fifth day after the operation, the child died, and I have good reason to believe the cause of death lay elsewhere than in the hernia.

Not the rarity of the affection induces me to present this case to your attention, but rather my belief in the propriety of performing the operation even in so young an infant. I am not conversant with the literature of the subject, and do not know whether a few or many cases are recorded; but my observation of this one case causes me to make the deduction that the operation should be performed unhesitatingly whenever indications for it exist; and I believe that the more rapid reparative process existing in infancy gives an even more favorable prognosis than the same operation performed on the adult.

HOSPITAL REPORTS.

ON THE TREATMENT OF ERUPTIVE FEVERS.

BY PROFESSOR DUJARDIN-BEAUMETZ,

Hospital St. Antoine, Paris, France.

(Continued from page 10.)

This is my mode of procedure: I apply thickly over the face the *emplastrum de vigo cum mercurio*, and over the whole I dust starch powder, and I take care, by new layers of pomade and starch, to fill in all the fissures and broken places which may afterwards appear in this mask. You will in this way succeed when, be it understood, you have applied this protective mask at the very commencement of the eruption, in causing the pustules on the face to abort, save only those around the lips and mouth, where the incessant muscular movements will be likely to cause the mask to break. In certain cases you may employ the electrotic method of Serres and Velpéau; a method which consists in opening each vesicle and canterizing it with nitrate of silver. This process, which cannot be applied to confluent eruptions, ought to be reserved for the pustules which develop on certain points, and in particular on the cornea. As you well know, these pustules may, in their ulterior progress, perforate the cornea and destroy the eye. I have myself seen several instances of total blindness, due to the negligence of the attending physician, who did not interfere in time.

On the part of the mucous membranes, your attention ought especially to be directed to the buccal cavity, where the eruption causes profuse salivation and a painful swelling of the isthmus of the fauces; gargles of Vichy water and chlorate of potassium often relieve these symptoms.

The fever has abated, the general symptoms have improved, and we come to the period of suppuration in patients who have not been vaccinated. Then there is reawakening of the fever, and the grave symptoms appear; in particular the swelling of the hands and the feet. It is to this suppurative period that the efforts of therapeutists have especially been directed. It constitutes the most critical stage of the disease, and it is at this period, more than at any other time, that patients succumb.

Earnest endeavors have, above all, been made to avoid the putrid infection which results from incessant contact of the denuded derm with the pus which bathes it on all sides, and various antiseptic preparations have been used. Chanfard thought that he had found in phenic acid an abortive and curative treatment for confluent variola; Guipon, on the same principle, proposed perchloride of iron; and Jenna, of Buenos Ayres, spirits of turpentine. All these medications have been abandoned, and the profession has returned to local treatment, and in particular to baths and lotions of disinfectant substances, which render us great service, and which I earnestly recommend. These baths should be of a temperature of 95° F., and you should add to the water of the bath chloral solutions of thymol or antiseptic vinegar, and in particular that of Pennés.*

* Disinfectant baths and lotions are prepared in numer-

the skin is, as you know, one of the sources of danger during convalescence, by reason of the renal complications which may arise; you ought then to insist upon the greatest precaution during the period of convalescence, and keep the patient for six weeks in his room, and generally one month in bed, and never allow him to go abroad till there shall have been complete renewal of the epidermis. You can aid this process of reparation by warm baths while the epidermis is scaling off.

I shall not speak here of the pharyngeal complications of scarlet fever; you are familiar with the morbid determinations of this disease to the throat, whether it consist in a pultaceous angina or in a veritable diphtheria, according to Archaubault's views, who unites scarlatina and diphtheria in the same description; the same treatment is proper for both, and I need not here repeat what I told you when on the subject of diphtheritic sore throat. But there is another complication which ought to occupy us a few minutes. I refer to the nervous manifestations which accompany certain scarlatinous eruptions, and which are tributary to a treatment to which Trousseau has devoted one of the finest passages of his clinical lectures—I refer to the treatment by cold affusions. Recommended by Currie, this method is become to-day classical, and in the practice of certain physicians, particularly the Germans, it is employed indiscriminately in all cases. Here also as in all the applications of the refrigerent method, it is rather against the manifestations on the part of the nervous system than the elevation of temperature that these cold affusions can render service; and you will not need to put this mode of treatment in practice, unless there shall supervene at the commencement of the period of eruption, ataxo-dynamic phenomena of great gravity. For my part I have never found, since I began the practice of medicine, cases of scarlet fever sufficiently grave and menacing to require such treatment. Scarlatinal dropsy does not offer any special therapeutic indication apart from that which I enunciated while on the subject of the treatment of albuminuria; and without dwelling longer on antiseptic medications proposed for scarlet fever, I pass now to the treatment of measles.

This very contagious, but little dangerous malady, unless by the complications which may arise, does not present any very special therapeutic indications, and treatment should be directed rather to the morbid manifestations determined by the disease than to the disease itself. I shall then say very little on this subject, and you will have to apply here only the general hygienic and therapeutic measures proper to all the eruptive fevers, and which consist in warm sudorific pitans, as well as the greatest care to prevent all exposure to chills, and in attention to the thoracic organs, so that you can interfere in time if any pulmonary complications manifest themselves.

I have now the therapeutic indications, which I desired to give you for the management of the eruptive fevers.

These lectures complete the course on which I had determined; and incomplete as they are, they will furnish you data of a practical kind concerning the principal diseases which, in our country at least, you will be oftenest called upon to treat.

MEDICAL SOCIETIES.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

(Concluded from page 15.)

A Case of United Fracture of Both Bones of the Forearm.

Presented by Charles Meigs Wilson, M. D.

This specimen was taken from an arm, amputated about the middle of the humerus. Eight months previously the girl had fallen from a window and sustained an oblique fracture of the ulna and radius—that of the ulna being about an inch and a half, and that of the radius two inches and a half below the elbow joint. The arm was the seat of several large ulcers, and many sinuses were present. The probe detected dead bone. The specimen shows that there has been no attempt at union in the radius, but that the comminuted fragments being attached to periosteum, have not been destroyed. There has been slight union of the ulna. The cartilages have been destroyed. The joint contained pus, and the internal condyle of the humerus showed a carious condition. The patient made an excellent recovery after the operation.

Case of Multiple Ovarian Fibro-cysts with Sub-Peritoneal Fibroids, and General (Tubercular) Peritonitis.

Presented by Dr. H. M. Fisher.

Barbara K., æt. 40, married, born in Germany, was admitted to the Episcopal Hospital early in July. Her father died of a tumor in the axillary region, one sister of paraplegia at the age of 16, and one brother and one sister are still alive and healthy. She married early, and had three children. Of these one lived but one day, one died at the age of 12 of "dropsy," and the third (a boy of 18) is still living. Two weeks after the birth of the last child she was obliged to get up and make severe muscular exertion, actually laboring in the fields. Soon after this she noticed that she was losing blood *per vaginam*, and that she could no longer nurse her child. This bleeding appears to have recurred at intervals of two weeks for a year or more, and often amounted to a positive hemorrhage. Notwithstanding that this was the case, and that she had occasional attacks of severe pain, she continued to work as usual, until three or four years ago. Three years ago she came to this country. At about this time she noticed a lump in her left groin, and from this time her abdomen steadily increased in size, she was seldom entirely free from pain, her appetite failed, and her bowels were habitually constipated.

Status Præsens.—Patient is anæmic, and has a careworn, haggard look. Abdomen much distended. Distance from xiphoid to umbilicus two inches greater than from umbilicus to symphysis. Percussion clear over abdomen anteriorly, dull in flanks, and fluid moves freely with patient's movement. Hepatic dullness begins in third interspace in mammary line, but not apparently increased in width. Examination of heart reveals a faint systolic apex murmur; examination of lungs gives negative result. Much dyspnea. The dyspnea becoming urgent, she was (July 14) tapped in the median line, two inches below um-

bilious, and eight quarts twelve ounces of a straw-colored fluid, rich in albumen, were removed. Immediately after the tapping, an exceedingly hard mass was noticed in the left iliac region, apparently of the size of a turkey's egg. On the 23d she complained of much pain in the left leg, and the tissues were noticed to be oedematous. This oedema was only slightly relieved by several punctures which were then ordered to be made. From this time till her death patient complained much of dyspnoea, hypogastric pain, and obstinate constipation. She was tapped time and again, and on each occasion a large amount of straw-colored fluid was removed. September 21st patient had a sudden attack of severe dyspnoea in the evening, and died in ten minutes. The post mortem examination was made by the resident physician, Dr. J. K. Mitchell, sixteen hours after death, who furnished me with the following notes:

"Drew off fourteen quarts of fluid from the abdominal cavity by trocars and canula, all clear and straw colored. On reinserting canula, a small quantity of dark-brown fluid, looking like beef tea, came through. The belly-walls were very thin; peritoneum everywhere much inflamed; whole intestinal surfaces and peritoneum covered closely with small whitish or pinkish points of tubercle; glands not very much enlarged, but very hard; omentum as thick as one's hand, and of an almost wooden hardness and stiffness. Liver and kidneys apparently perfectly healthy. Two cysts in the broad ligaments of the uterus, one about the size of a base ball, or a little smaller, the other still smaller. One had been tapped by the canula, the other contained about four ounces of the same brown 'ovarian' fluid. The ovaries, macroscopically, seemed healthy, and the uterus was normal in size and position. The lungs, though much compressed, showed no signs of disease and no adhesions. The heart had also been forced with the lungs upwards; otherwise nothing wrong with it."

A subsequent examination of the specimens brought the following facts to light: The uterus is decidedly hypertrophied, measuring about four inches internally, and appears abnormally hard. Closely attached by false membranes to the lower part of the body of the uterus upon the right side there is a *hard fibrous nodule* of the size of a pigeon's egg. A somewhat larger mass of similar character is seen higher up and to the left of the uterus. The right ovary is enveloped in false membranes and closely adherent to the fundus of the uterus. The left Fallopian tube opens directly into the larger cyst, of which mention has been made above. This has at its base a fibrous nodule (about $2\frac{1}{2} \times \frac{3}{4}$ inches), which is covered on its under surface by a mass of false membrane. (This is probably the mass that was detected during life in the left inguinal fossa.)

In addition to the cyst above-mentioned there were two other much smaller cysts, but found it impossible to make out the exact relations of these to the other cysts, without making a careful dissection, and this I failed to make. None of these cysts appeared, however, to be connected, as was stated above, with either broad ligament. The left broad ligament was found to be perfectly free; the right was wasting, but appears to have been removed during the autopsy, or subsequently.

The case is a complicated one, but the sequence of pathological events appears to have been the following: The patient having made severe muscular exertion a fortnight after confinement, is attacked by perimetritis and metritis. This inflammation, at first acute, soon becomes chronic in consequence of patient being unable to get proper care and the rest that she required. Whether the subperitoneal fibroids, from which she was found to have suffered, had been already developed at the time this acute pelvic inflammation occurred, it is impossible now to say; but it is probable that they were of later development. Coincident with the periodical hemorrhages and attacks of pain that the patient now suffers from, fresh portions of the pelvic peritoneum are invaded. Finally, the peritoneum adjacent to the ovary is reached, and a perioöphoritis is the result. The inflammation of the peritoneal investment of the ovary extends, as Heitzmann states, to the ovary itself, causing a proliferation of connective tissue in the cortex of the organ, and from here to the adjacent connective tissue stroma. In this way the bursting of a ripened follicle may, as he says, be prevented, and a path may be opened for the formation of an ovarian cyst. Supposing this to have occurred in this particular case, we may easily see how the connective tissue proliferation may have gone on hand in hand, as it were, with the cystic degeneration of the ovary, until the whole ovary was converted into the multiple fibro-cyst that we see in the specimen.

The inflammation extended but slowly from the pelvis to the general peritoneum; probably because the products of inflammation were for a long time, in great measure, circumscribed by false membranes. Little by little, however, these products were taken up by the lymph channels, until finally the whole peritoneal surface was infected by them. The occurrence of general peritonitis probably did not antedate much the occurrence of the abdominal dropsy, three years ago, as before that time the patient, though occasionally incapacitated for work by pain, was still able to attend to her usual occupations during the greater part of the time.

Thursday evening, September 25, 1884. The President, James Tyson, M. D., in the chair.

Dr. Guy Hinsdale exhibited a

Phantom Brain.

The model is constructed in colossal proportions, and is intended to show the course of the fibres in the human brain, and their relation to the several nuclei and the spinal cord. This preparation has been recently purchased for the Mütter Museum of the College of Physicians, and was constructed by Buechi, of Berne, Switzerland, under the supervision of Prof. Aeby.

The height is 125 cm.; its width, 70 cm. The cortex is dotted over with numerous corks 2 cm. long, which are distributed in systematic order. The basal nuclei, of a much larger size, are seen in their appropriate places. The spinal cord, made up of ganglia and columns of wires of different colors, is represented throughout a portion of the cervical region. These columns of the cord, of different colors to distinguish their function, lead to their appropriate ganglia, of corres-

ponding color, or to the areas in the cortex, which are marked by similarly colored corks.

Taking first the anterior and lateral columns of the cord painted red, we can trace these motor fibres to the anterior and lower portion of the medulla, where they decussate, through the pons, to the internal capsule, where, between the caudate nucleus and the corpus striatum and the optic thalamus, they radiate to the cortex. They are seen to come chiefly from the convolutions about the fissure of Rolando. Where red balls are seen, from that point a red, motor, fibre descends to the anterior or lateral columns. It will be seen that the column of Türk, or direct pyramidal tract, is in relation with the posterior part of the lateral column of the opposite side. As regards the exact localization of the sensory and motor tracts of the spinal cord, there is still some discrepancy of opinion. Prof. Ferrier states that the antero-lateral columns are usually regarded as the chief motor paths, but quotes the recent and careful experiments of Ludwig and Woroschiloff (1874), who place the motor paths in the lateral columns only. The anterior columns (of Türk) are regarded more as commissural connections between the motor nerves and adjacent segments, and not at least the direct paths of motor impulses proceeding from the brain.

Tracing the fibres of the posterior columns, colored blue, we find them represented as wholly decussating in the medulla, forming the posterior third of the internal capsule, and passing to the corpora quadrigemina and optic thalami, colored blue, which are the great centres of sensation.

The external portion of the lateral columns, colored green, are seen to lead to the cerebellum, decussating near its superior surface. The yellow fibres of the model place the basal nuclei in communication with the cortex; the white fibres, constituting the corpus callosum, are purely commissural. The columns of the cord as represented in the model correspond precisely with the arrangement given by Flechsig, and endorsed by Charcot and Hammond. Ludwig and Woroschiloff argue that "a vicarious interchange of function potentially exists between different parts of the cord." Ferrier* admits that in determining the course of the cerebral fibres, anatomy reveals very little, and that physiological experiment is practically the only means at our command. Many more observations and experiments will have to be made before it can be said that the sensory and motor paths have been exactly defined and all views reconciled.

A Case of Infantile Mollities Ossium.

Presented by Dr. Charles Meigs Wilson, for Mr. Clinton Dent, of St. George's Hospital, London.

This specimen was sent to me by Mr. Dent, the well-known editor of the English edition of Billroth's Notes on Clinical Surgery. The following history was also furnished by Mr. Dent:

"This specimen shows the inner vertical half of the right femur of a child *æt.* 16 months. There is a pseudo-fracture of the bone. The medullary canal is filled up, and a considerable deposit of enveloping callus maintains the fragments in apposition. The entire bone is un-

naturally soft, and in the recent state showed this peculiarity still more strongly. The bone was removed *post-mortem* from the body of a feeble, ill-nourished child. No history of syphilis could be gotten from the parents, and the child showed no evidence of congenital syphilis. Some of the ordinary symptoms of rickets were observable, *e. g.*, bending of the ribs, general tenderness, enlargement of the wrists, etc. No symptoms of scurvy were present. It was evident that there was much more than rickets in the condition. When the child was first admitted to the hospital there were pseudo-fractures of the right humerus and left tibia, besides the fracture of the right femur. The humerus, which was bent at a right angle, was forcibly straightened. It bent like a bar of soft metal, and remained in its new position. It was, however, put in a light pasteboard splint. Subsequently, with the removal of the splint, the bone again gradually bent, and was again forcibly straightened. While in the hospital under observation, the femora became affected in the usual place, *i. e.*, a little below the trochanter. Some swelling and tenderness was noticed, and then, although the child was kept constantly in bed, the bones became bent; ultimately, in about ten days, the pseudo-fractures became complete. Great improvement of general health, as evidenced by rapid increases of weight, resulted from treatment of rest, good diet, and cod-liver oil. The child finally died from an attack of whooping-cough, after having been under observation a few weeks."

This is a very rare form of bone disease, especially in the young. It is seen occasionally in England—never with us. The pathological changes seem to be of a retrograde character. Sometimes lipomatosis takes place. Sometimes there is a metamorphosis first to cartilage and then to embryonic tissue. This specimen shows, in different portions, both changes. The disease is attended with marked fatality. In this specimen the cortical substance is attenuated, and the medullary cavity is enormously enlarged. The bone seems deficient in lime salts. Some authorities believe that the lactic acid found in the chemical analysis of such bones is accountable for this; this fact is mentioned in order to elicit discussion. Other observers have found enormous quantities of oxalate of lime in the urine of patients with malacosteon bones. One curious fact is the effort which nature makes to repair the fractures, as shown in this specimen. This callus seems deficient in inorganic matter, and eventually becomes reabsorbed. Syphilis, scrofula, and scorbutus, have all been assigned as causes of the affection. Most authorities deny the existence of the disease in children, assign it to middle life, and speak of it as being lighted up or aggravated in women by pregnancy.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Stated meeting, Thursday, December 4, 1884. The President, R. A. Cleemann, M. D., in the chair.

Ovarian Tumor.

Dr. Drysdale presented a polycystic ovarian tumor which he had removed that morning. He

* Ferrier. Functions of the Brain, p. 5, London, 1876.

had first seen the patient with Dr. C. R. Prall, May 5, 1884. She was a married lady, fifty years of age, pale, thin, and delicate-looking. She had had eight children, the youngest of which was then sixteen years old. With some trifling exceptions, her menstruation had been perfectly natural until two months before; since then she had had a constant and, sometimes, profuse discharge of blood from the vagina, which still continued. She first discovered the tumor in March, 1884.

On examination, Dr. Drysdale found a semi-solid, smooth-walled, globular tumor occupying the lower part of the abdomen and reaching nearly to the umbilicus. It was freely movable, did not fluctuate, but was elastic and a little tender to pressure. Vaginal examination revealed a lacerated cervix. The sound entered the uterus two and a half inches, taking a direction to the right of the tumor. On deep pressure, the end of the sound could be felt at the lower part of the right border of the mass. While the sound was in the uterus the tumor could be moved freely without affecting it. Dr. D. diagnosed a multilocular ovarian tumor.

By the 5th of June, one month later, it reached nearly to the ensiform cartilage. From this time it increased rapidly in size, and when it was removed, filled the abdomen, pressing the lower ribs outwards. It proved to be a multilocular tumor of the left ovary.

His object in bringing it before the Society was to obtain an opinion from the members as to the cause of a phenomenon which was observed in the early stage of the growth. When the patient first noticed the enlargement, she found that when she would be on her right side, the tumor, as if lighter than the surrounding parts, would ascend to the left, and when on her left side, would rise to the right. She informed Dr. Prall of this, and he naturally supposed she was mistaken; but a careful examination of the tumor while she changed her position verified her assertion. As the mass increased in size, this peculiar change of position ceased, and when the abdomen was opened, nothing could be found to account for the singular behavior of the growth.

Dr. Parvin inquired about the length of the pedicle and the weight of the tumor.

Dr. Da Costa has a case under observation in which the condition of great mobility is present.

Dr. Drysdale replied that the pedicle was extremely short. The tumor weighed thirty-five pounds, and was multilocular in character. At the time of its removal he could not determine any fluctuation. Every parovarian cyst is movable in its early stages. He intended to call attention to the peculiar, and to him unaccountable motion of this particular cyst.

Dr. Charles Meigs Wilson presented the histories of three cases in which the hydrochlorate of cocaine had been used, with the hope of obtaining local analgesia, and reported negative results.

Malignant Disease of Ovaries, Cystic.

Dr. D. Longaker exhibited the specimens, with the following history: The subject from whom this specimen was removed was a German woman, 63 years old. She had been married the last twenty-seven years of her life, and was sterile.

During the last five months she was under the care of Dr. Joseph S. Gibb, of this city, at whose request I first saw her, and by whose kindness I am enabled to report the case. The menopause was established at fifty-three—ten years ago. The patient had always enjoyed fair health, but four years ago she again began to have a bloody discharge from the vagina. For this she consulted a doctor, and was soon well again. The date of the onset of her last illness was indefinite. It was insidious, and the particular symptom for which she desired relief was inability to micturate; this was found to be due to suppression of the secretion of urine, as the bladder was empty. There was also decided interference with nutrition. Her appetite and strength failed rapidly. The urine was found to contain a very small amount of albumen. She had occasional nausea, and bilious vomiting, and diarrhoea. She suffered with pain in the left side of the abdomen. On examination, the doctor discovered a hard tumor, nodulated, to the left of the uterus, projecting upwards into the left inguinal region. It was adherent, and but slightly movable. She was first seen by me on October 6th. At this time she was in bed, suffered from orthopnea, and was unable to rest or lie down. Her abdominal cavity was greatly distended by a fluid which had accumulated rapidly in the previous three or four weeks. (Edema of the ankles had been noticed a few days before. Her general appearance was decidedly anæmic and cachectic. The abdomen was very tender to palpation, especially over the left inguinal and hypogastric regions. The flanks were bulging, and were flat on percussion. The tumor could be indistinctly outlined, immobile, lying in contact with the left ilium, dipping down into the true pelvis behind and to the left of the uterus and distinct from it. The cervix had undergone senile absorption, but from the os externum a small polyp was hanging in the vagina. October 7th she was tapped; a large bucketful of a brownish-red fluid, of specific gravity 1020, was removed. On microscopic examination it was found to contain blood and various corpuscles and epithelium. (The ovarian cell was not found.) It contained paralbumen.

A more careful examination now revealed a circumscribed, clearly-defined, firm, nodulated growth in the region already indicated. It was found adherent, and could be only slightly displaced. It was of the size of a large fist. Palliative treatment was continued, but the patient's condition gradually grew worse. There was again a slight accumulation of fluid in the abdominal cavity. She was subject to attacks of bilious vomiting and diarrhoea, alternated with constipation. There was no apparent increase in the size of the tumor, and during this period pain was not a marked symptom. At no time was there acute suffering. She died of exhaustion November 27.

Autopsy on the next day by Dr. Gibb, in the presence of and assisted by Dr. E. W. Holmes and myself. The subcutaneous fat had been almost entirely absorbed. The parietal peritoneum was covered with lymph, with numerous nodular elevations in various stages of organization. The intestines had contracted numerous adhesions.

The capsule of the liver was one-eighth inch thick. In the mesentery there were also deposits of lymph, some of which were more recent and less organized. The abdominal cavity contained about two quarts of fluid, the same as that already described.

On the left side, extending two inches above the pelvic brim, was found a tumor apparently solid, but which on close examination was found to be cystic. One of the largest of the cysts had ruptured; the opening was found at the posterior inferior portion of the growth. It was not recent. The capacity of the emptied cyst was about four ounces. The tumor dipped down into the true pelvis between the broad and the utero-sacral ligaments of the left side. It was very adherent, and was removed with great difficulty. On incising and freely opening the cyst, some coagulated fibrin was found, the remains of a hemorrhage into the cavity. When it was entirely removed, it was found to arise from the left ovary. The oviduct was slightly dilated, and its fimbriated extremity was adherent to and spread out over the tumor.

On the right side, in the broad ligament, there is a cyst slightly larger than the tumor. Its con-

tents are dark and very dense. It is very heavy. The cyst is surrounded by a dilated fallopian tube, containing a clear transparent fluid of a bluish-white hue. At its widest part it is an inch in diameter. Behind and below this cyst is found the right ovary; it is adherent, flattened out, and seems continuous with it. The entire specimen was carefully dissected out as it is shown. From its rapidly fatal tendency, with the macroscopic appearance of the tumor, there is very little doubt that a microscopic examination will reveal it to be malignant. Though perhaps possessing the greater pathological interest, there are also a few points in the case which may concern us in regard to diagnosis and treatment. Study of the fluid at first causes a suspicion that it came from a cyst; its high specific gravity and the chemical tests to which it answered favored such a view. But this was entirely at variance with the history of rapid accumulation and absence of physical signs indicating the existence of a large cyst. It was apparent at the autopsy that an attempt at extirpation could only have hastened the fatal result.

The specimen was referred to a committee for further investigation.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Administration of Alcohol to Parturient Women.

Dr. Heywood Smith thus writes in the *Medical Press*:

From the time when, through the operation of some inscrutable law, a filiform cell from the male, coming into relation with a simple primitive cell in the female, determines in that cell an elective and developmental energy, differentiated from all other cell-growths in its complexity, so that by multiple fissure and differentiation of tissues it grows into the complete organism of an independent being, until the time when that new being ceases to derive its nourishment from the mother who gave it birth, such mother may, during all that period of eighteen months, be said to be *parturient*.

During this extended period of time she passes through several phases of constitutional energy, which may be divided into conceptive, gestative, parturient, puerperal, and nutritive; to each phase of which life there appertains its own constitutional peculiarity, its physical development, its functional activity, its receptivity of impressions from without, and its behavior under the administration of various foods and drugs.

It will be seen, therefore, that our subject will lead us to the consideration of several different vital conditions, and it will be my object, in as short a time as possible for its due elucidation, to glance at each of these several vital phases, and to see in what way the administration of alcohol acts in each, whether as a help or hindrance to

the proper performance of healthy vital activity in the parturient woman.

And first in the conceptive phase. The phenomenon of "blushing," i. e., the reddening of the cheeks, and often the neck and breast in women, is connected more or less with a similar "blushing," if I may so express it, of the ovary. The sexual orgasm is the highest, i. e., the most intense expression of this symptom, wherein the active hyperemia of the ovary leads, through the exaltation of the energy of the sympathetic system, to a relaxation of the arterioles of the superficies, and produces first a blushing, and then a profuse perspiration. Similarly, though in a minor degree, transient, and, it may be, slight sensations, having relations more or less remote to sexual emotions, calling up the mental impressions of love, shame, or mere embarrassment, are reflected to the skin of the upper region, and the passing wave of maidenly blush is the tell-tale of the mental impression produced.

These transient ovarian blushes, or temporary congestions, when occurring with a frequency that is beyond what may be deemed normal, tend eventually to set up disease in those glands; and we not unfrequently see, where the sexual feelings have been to a certain extent called forth and then repressed, as in an engagement to marry suddenly broken off, that a train of mischief is set up that tends to the development of ovarian tumor. Hence long engagements are physically bad, and breaches of promise fraught with actual harm.

Alcohol administered in sufficient doses relaxes the superficial arterioles, and also, in some way,

whether directly through the brain or reflectively through the sympathetic system, gives increased energy to the organs of reproduction. Hence the misery and crime that so often are the outcome of indulgence in alcoholic beverages, as witnessed by the increase of immorality at seasons of special festivity, a tendency that is too oft set forth in the ribald songs that disgrace such seasons of debauch. The total abstinence from alcohol would, therefore, do more to keep women pure, humanly speaking, than any sort of argument, or bushels of advice.

We now come to the gestative stage, where a woman is bearing about in her body a complex organism, to a certain extent independent of her, and yet, in a way that we scarcely recognize, dependent upon her health and self-control for its growth, development, and even future moral being. How important, therefore, nay, necessary, is it that the parturient woman should keep herself from all impressions from without, and from all morbid suggestions from within that might tend to mar the well-being of the treasured life of which she is the temporary casket. Yet in many cases how great is the temptation, yielded to too often, consequent on the morbid ideas that not unfrequently seem inseparable from the parturient state, to neutralize the depression of spirits by indulgence in alcohol; and the patient, for such she becomes, excuses herself with the idea that she wants *keeping up*; or domestic surroundings, or even the dislike to having many children, so preys on her mind that she flies to alcohol as a fortifier, or to render her perverted imaginations less obnoxious to herself. I once attended a lady, the wife of a member of Parliament, and therefore in a good position, who in several succeeding pregnancies, and, I believe, then only, took to drinking; and so far was she influenced by depression of spirits that she was most importunate, as was also her husband, that abortion should be produced in order to save her from the inordinate craving. Now it is of the greatest importance that the pregnant woman should maintain perfect health, but as the administration of alcohol supplies an extra hydrocarbon for the production of animal heat, either more caloric is produced than is needed, or there is an accumulation of unconsumed hydrocarbons that clog the system as fat, renders the woman less active than she ought to be in that condition, and, it may be, acts on the fœtus deleteriously by disturbing the balance of health in the mother's blood, on which it draws for its ever-increasing growth. A pregnant woman should, therefore, avoid alcohol in order to maintain her digestive function in the state of highest efficiency, considering that she is responsible to her husband, the commonwealth, and her God, to nurture and protect to the utmost of her power the new life that is springing up within her.

Next in order comes the parturient phase. As in the vegetable kingdom there is a period of impregnation, then of growth, and lastly, of maturation and separation from the parent plant, the duration of each stage varying according to its special cycle, each after its kind—so is the fruit-bearing in the animal kingdom. To each order is its own appointed cycle, each after its kind. In the vegetable kingdom there arrives a period of

time when degeneration takes place in the connective tissue that binds the woody fibre of the stalk of the ripening fruit to the parent stem, until the time arrives when the force of gravity overcomes the cohesion of the parts, and the apple falls. So in the animal kingdom there comes a time when, the fruit being ripe, a degeneration takes place between the outer layer of the egg and the containing matrix, and the uterus, no longer recognizing the fœtus as an inherent part of its organism, deems it a foreign body, and proceeds to throw it off. The process calls forth considerable muscular and nervous energy, which necessitates the highest functional health of the animal, and it proceeds by rhythmical efforts, accompanied with suffering. Now, alcohol is an anæsthetic, and Dr. Prince, of Jacksonville, Illinois, has recently published some observations on its action during operations, the mode of administration being both by imbibition and by rectal enemata.

The reports of our midwives and others practicing among the poorer classes reveal the sad fact that women not unfrequently during the parturient stage are more or less under the influence of alcohol in some form or other, with the view partly of stimulating the action of the womb, and partly of relieving pain. But that is no reason why the husband and the select circle of assisting (?) female friends should also reduce themselves to a condition of helpless anæsthesia! In common with other anæsthetics, alcohol, when pushed in its administration, causes a relaxation of nervous and muscular energy, and so leads to the possibility—or, rather, probability—of hemorrhage. If, therefore, the parturient woman has good health and sufficient fortitude, it is better for her, in all respects, to abstain from the use of anæsthetics.

Following the parturient effort, we arrive, fourthly, at the puerperal stage. And here, following the advice of officious friends, the patient may be induced to imagine she has need of some "pick-me-up" to sustain her strength, and repair the exhaustion of labor. In such cases the exhibition of alcohol leads to dire results. For, on the completion of labor, there commences the process of involution of the uterus; and this process is carried on by means of fatty degeneration of the contractile tissue of the organ, which is eliminated partly through the secretion of the milk, and partly by the combustion of the fatty elements maintaining the general heat. But the presence of alcohol retards the process, as the hydrocarbon alcohol is more easily burnt off than the fatty hydrocarbons; and the retardation of involution, recognized by us as subinvolution, leads to the permanent enlargement of the uterus, and all the evils that follow in its train, as chronic cervicitis, misplacements, and prolapsus. Aiding this tendency to subinvolution is the want of proper, healthy, tonic contraction of the uterus, inducing in some cases too profuse a sanguinary discharge, and paving the way for the too ready absorption of septic material.

The atony resulting from chronic alcoholism may lead also to passive congestion of various outlying parts, as venous inflammation with white leg, mammary abscess from chill more easily affecting the part having its vascular sys-

tem relaxed and engorged, and to a low type of inflammation affecting the uterus itself. A woman will, therefore, best pass through the puerperal state who abstains wholly from alcohol.

Fifthly, and lastly, we come to the consideration of the nutritive phase of the parturient woman—the period of suckling. And here a popular fallacy has worked untold mischief. Nearly all women believe that they cannot give a full supply of milk unless they imbibe several pints of porter or other alcoholic beverage *per diem*. Some of you may remember a picture of Leech's in *Punch*, illustrating nursery French, where a small boy, asking the maid to bring his mother, who is depicted with her infant, her morning glass of frothing porter, says, "*Apportez ici le porter de mamma, et designez le avec une tête.*"

Now nothing is more untrue nor deleterious than the habit that this fallacy engenders. I have often found—and I speak from experience—that when mothers have been bad nurses, the scanty supply of poor milk could be traced to frequent glasses of sherry or other hurtful alcoholic beverages; and have seen, when all such have been laid aside, that the supply of milk has been improved both in quantity and quality. "A lean cow is a good milker" is an adage the truth of which all farmers can bear witness to; and the same may also, as a rule, be said of women. But the fattening tendency of the chronic imbibition of alcohol militates against the woman being a good nurse; and, moreover, some of the poison, passing rapidly and unchanged through the system, passes into the milk, and so the helpless infant becomes an early toper, and might—who knows?—suck in with its mother's milk an hereditary predisposition for the cup that "mocks" and "takes away the heart."

I trust that I have in this short paper proved that the administration of alcohol to parturient women is an unmitigated evil; that in every stage through which she passes it is fraught with the gravest results, both near and remote; and that he does best for those feeble ones committed to his care (as the weaker vessels) who steadfastly, himself conscientiously convinced of the importance of the subject, sets his face to warn women from the pitfall, at the brink of which they may be standing, and to point their minds to a higher channel for satisfaction, and their bodies to a purer beverage.

I cannot conclude without one further remark: that we must not be narrow-minded, nor be carried away with the idea that because a particular drug is poisonous, it is therefore to be eliminated from our materia medica. With just such a show of unreason should we abrogate the use of opium or blue pill. There are undoubtedly cases that call for alcohol, either in its pure form or wrapped in the tonic properties of some wines (where such can be procured unadulterated), and he would be equally to be blamed if, from a mistaken prejudice, he refused to administer it when the requirements of the case demanded, as he who withheld opium in a case of peritonitis.

He is a wise warrior who in his battle against disease in all its varied forms, knows best how to choose his weapon, and recognizes the opportune moment for using it.

The Preparation of Cocaine.

Dr. A. Castaing thus writes in the *N. Y. Med. Jour.*, December 27, 1884:

Cocaine is undoubtedly the great object of interest of the moment, and there is not a physician of progressive ideas who is not anxious to test the marvelous effects of the new anesthetic. The drug trade, taken unawares by the sudden and sustained demand for cocaine of the various brands which are guarantees of genuineness, is unable to keep pace with it, and is therefore compelled to offer a substitute in many cases inferior to the article called for by the doctor's prescription. The natural consequence is that the anticipated effect is not produced, and the wished-for and confidently-expected local insensibility is not attained. The practitioner is disappointed at his first experiment, his professional pride receives a shock, and in his mind doubt takes the place of the enthusiasm he was at first inspired with. Yet it would be wrong to cast the blame upon cocaine, for the alkaloid, when real and chemically pure, does truly possess the power of producing local anesthesia, not only on mucous membranes, but also on the whole surface of the epidermis, and, to a certain depth, beneath it.

Considering the difficulties attendant on obtaining the genuine article, we think we shall do well to make known a way, which repeated trials have shown us to be the most effectual, to extract the alkaloid from the *erythroxylon coca*. Having observed that cocaine is extremely susceptible of change under the influence of acids, we studied how to exhaust the coca leaves without using acidulated liquids, and discovered the following method, by which one grain of cocaine can be extracted from four hundred and eighty grains of leaves. To obtain this result, however, it is requisite that the coca leaves be of good quality—that is, gathered at the right time and place, properly dried (a leaf with brown spots on it, resulting from moisture, has lost all value)—and, above all, not injured by age or by exposure to the air and consequent evaporation.

Modus Operandi.—On one part (by weight) of coca-leaves pour eight parts of boiling water, and let them steep for half an hour in a closed vessel in a water-bath. Pour the whole into a percolator, and, when all the liquid part is strained off, continue the exhaustion of the leaves by pouring on them eight parts of alcohol at 85°. Mix the two liquors and precipitate them by means of acetate of lead, draw off with a syphon, and then add sulphate of sodium to remove the salts of lead. Filter and evaporate at a gentle heat until the liquid has attained the consistence of syrup. Treat the whole with water to separate the resinous part, and then precipitate with carbonate of sodium. The precipitate is then to be exhausted by sulphuric ether, and the ethereal solution, after the ether is distilled, is exposed to the air until every trace of ether has completely disappeared. By this means is obtained a crystallized residue of a brownish-yellow and of a disagreeable smell. This is impure cocaine.

The coloring matter is removed by washing once or twice with cold alcohol. The cocaine, thus purified, appears in the form of transparent prisms, without smell, bitter to the taste, soluble

in seven hundred parts of cold water, more soluble in alcohol, and entirely soluble in ether. The solution has an alkaline reaction, and, when applied to the tongue, it imparts a bitter taste, and a certain insensibility, followed by a slight sensation of cold, recalling the effect of ether spray upon the epidermis.

Heated to 208° F., the cocaine becomes liquid, and, under the influence of cold, it becomes a transparent mass, which gradually assumes a crystalline form. If it be exposed to a degree of heat higher than 208° F., cocaine changes its color and decomposes. It is inflammable, and burns with a brilliant flame, leaving an ash behind it. It forms soluble salts with acids (its hydrochlorate is the best) and all these salts are more bitter than the alkaloid. It is a compound of carbon, hydrogen, nitrogen, and oxygen.

The medical profession is well acquainted with the effects of wines, extracts, and infusions of coca. I trust that what I have written above will show clearly how its action varies in accordance with the amount of cocaine contained by the leaves, and that, in order to obtain the true therapeutic effects of coca, it is absolutely necessary that the cocaine be titrated at a fixed dose in all its preparations.

The Usefulness of the Nose in Diagnosis.

The *Jour. Am. Med. Ass.*, December 20, 1884, says: Probably every physician sees times in his examination of patients when he devoutly wishes he had no olfactory nerves, or, since to be deprived of the sense of smell would at the same time also deprive him of the possibility of certain keen enjoyments, he prays for that happy condition of the farmer, who, when asked by a young theologian, if he objected to his saying grace at the table, replied, "Oh, no! say what you have a mind to—you can't turn my stomach." Unpleasant as the possession of a nose often is, there are occasions when its delicate appreciation of odors is fortunate. Nay, furthermore, it seems sometimes serviceable in guiding a physician to a correct diagnosis. All are familiar with the fetor of the air expired in cases of pulmonary gangrene. Likewise, the breath of patients suffering from chronic copper and lead poisoning has a foul, strongly suggestive smell.

A peculiar smell of the breath in other diseases has been repeatedly noted by trustworthy observers. Thus, a urinous odor has been detected in the breath of patients suffering from retention of urea in the system from renal disease. The act of coition is stated by a German, whose name we cannot recall, to impart a very characteristic odor of the breath. It is needless to allude to disordered stomachs and constipated bowels, bronchorrhœa, decayed teeth, nasal catarrh, and numberless other conditions familiar to every physician as productive of a foul breath that often leads to a diagnosis upon the very entrance of a patient into the consulting office.

The fetor of uterine cancer is so proverbial that its very mention seems superfluous. *Appropos* of this offensive smell, Dr. Middleton Goldsmith, of Rutland, Vt., in a contribution to the *New York Medical Record*, November 29, 1884, entitled "Some New Facts and Considerations in the Diag-

nosis of Cancer of the Stomach and Cancer of the Pancreas," cites a case in which the eructations emitted a fetor identical with that of carcinoma uteri. Gastric symptoms usually met with in cancer of the stomach were not marked, though a pronounced cachexia was present. The autopsy revealed an encephaloid cancer involving almost the entire stomach. Upon being accidentally torn into, the organ emitted an overpowering stench identical with that having distinguished the eructations in life. Dr. Goldsmith says this fetor is not invariably present, but that, when it obtains, it may be regarded as pathognomonic of gastric cancer. The fact is well worth remembering.

Peculiar odors do not proceed exclusively from mucous membranes, the skin sometimes emits an unnatural smell in disease.

A pungent mice-like odor is said to be characteristic of typhus.

A sour smell is sometimes perceived to proceed from persons ill with acute articular rheumatism. We do not recall any reference in medical literature, to a singular odor of the perspiration sometimes encountered in phthisical patients. But we recollect vividly two instances in which we were struck by this peculiarity. The first case was that of a man who had a very extensive consolidation of both apices.

The odor did not impress us specially, until a few minutes afterward upon approaching another patient, already stripped for examination, when the same odor met us, surrounding the man like a cloud. At once, without considering the rashness of the statement, we exclaimed to those about, this is a case of chronic consolidation of the lungs. Luckily the examination sustained the diagnosis. In these instances, the odor could not have been due to the medicines taken, as these were devoid of special scent. Whether there be anything in this or not, peculiar odors associated with some diseases are so well established as to render the nose of the diagnostician anything but superfluous.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—Dr. A. P. Meylert, in the third edition of his useful essay on the opium habit (New York, G. P. Putnam's Sons, 1885), asserts that the use of this dangerous drug as a private indulgence is decidedly on the increase in our country. In his hands most of the alleged specifics have not produced good results. His treatment depends on the case and circumstances.

—The relation of micro-organisms to disease is discussed in a paper by Dr. S. Laughton, of Bangor, Maine; his conclusion on their action is as follows:

"It becomes more and more evident that it is not alone the presence of pathogenic bacteria which determines the disease, but also the condition of the

body in which these bacteria, as so many seeds, are planted. Indeed, the question at issue between those who accept the contagiousness of bacillus tuberculosis, represented by Koch in Europe, and those who do not accept it, represented by Formad in this country, may be in a good degree settled by considering the relation of the soil to the seed, as well as of the seed to the soil. Not every soil is suited for the same kind of seed. Again, the same soil may be in a fit condition to receive the seed at one time, and not in condition to receive it at another time."

—We cordially recommend to any physician who contemplates visiting Europe for the first time to obtain from Dr. Edward Borek, of St. Louis, a copy of his pamphlet entitled "Home Again." It contains a number of valuable suggestions for the traveler, and also an interesting account of his visit to Copenhagen as a delegate to the International Medical Congress. It is divided into two parts:

PART I.—*Professional Observations.* Hospitals, International Medical Congress, etc., etc.

PART II.—Sight-seeings and general useful information.

BOOK NOTICES.

A Pharmacopœia for the Treatment of Diseases of the Larynx and Pharynx, and Nasal Passages, with Remarks on the Selection of Remedies and Choice of Instruments, and on the Method of making Local Applications. By G. M. Lefferts, M. D. Second edition. 12mo., pp. 101. Price, \$1.00. New York: G. P. Putnam's Sons. 1884.

The scope and contents of this little work are so fully set forth in the title that it is not required that we should do more than state that this edition has been carefully revised, and the recent additions to the medicaments for the larynx and adjacent parts included. It is well arranged and neatly illustrated.

Intestinal Obstructions, their Varieties, Pathology, Diagnosis, and Treatment. By Frederick Treves, F. R. C. S. Illustrated. Small 8vo., pp. 515. H. C. Lea's Son & Co., Philadelphia. 1884.

As a justification for the length of his monograph, the author mentions in the preface that more than two thousand persons die every year in England alone of intestinal obstruction in some of its forms. This is a large figure, and shows at once that not only is the lesion a rather common one, but that surgeons up to the present have not been very successful in combating it. This led the Royal College of Surgeons to propose it for a prize essay in 1883, and the present work is that prize essay, with additions.

The author treats the subject carefully in twenty-six chapters, explaining the varieties of strangulation, volvulus, intussusception, compression, stricture, and the various accidents of obstruction proper. The treatment he divides into non-operative and operative or surgical. There are also certain special forms of treatment applicable to peculiar varieties, which are described in a separate chapter.

A Manual of Bandaging Adapted for Self-Instruction. By C. Henri Leonard, M. D., etc. Illustrated. Second edition. 8vo., cloth, pp. 159. Price, \$1.50. The *Illustrated Medical Journal Co.*, Detroit.

To those whose education in minor surgery has been incomplete this volume will be well worth the price asked for it. The whole subject of bandaging and those akin to it, poulticing, strapping, compresses, immovable apparatus, dressing of wounds, are presented in brief and clear language, and in accordance with the recommendations of the best recent authorities. That the demand has required the preparation of a second edition is a proof of the value of the essay.

A Text-Book of Hygiene: a Comprehensive Treatise on the Principles and Practice of Preventive Medicine from an American Standpoint. By George H. Rohe, M. D., etc. 8vo., pp. 828. Baltimore, Thomas & Evans, 1884.

The subjects discussed by the author of this treatise are air, water, food, soil, sewage, the construction of schools, hospitals, barracks, prisons, etc., marine, military, and industrial hygiene, clothing and bathing, epidemics, the germ theory, antiseptics and disinfectants, the disposal of the dead, quarantine and vital statistics.

This, it will be observed, is a wide field, and it requires judicious compression to say all that ought to be said about them upon the compass which the author has allowed himself. He has confined himself to plain statements of the most salient points. The very elementary tone in which portions are written indicate that he had in view readers devoid of any previous knowledge on the subject.

The make-up of the book is rather poor, both paper and press-work being below the average.

The Basic Pathology and Specific Treatment of Diphtheria, Typhoid, Zymotic, Septic, Scorbutic, and Putrescent Diseases Generally. By George J. Ziegler, M. D. 12mo., pp. 225. Philadelphia, 1884.

The writer of this volume thinks he has made a most important discovery, to wit, that of the one underlying morbid agent of all the formida-

ble list of diseases which he names on his title page. The fact that he has to bring this to the knowledge of the world in a work published by himself seems to indicate that this alleged discovery is distrusted by the medical world at large.

It would hardly be fair to reveal it in the compass of a book notice, and we prefer sending the anxious inquirer about this startling discovery to the volume itself where he will find it presented with the reasoning and evidence of the author; and also in a peculiar diction which has at any rate the stamp of marked originality.

The Principles and Practice of Gynecology. By Thomas Addis Emmett, M. D., LL. D. Third edition. 8vo., pp. 876, illustrated. Philadelphia, H. C. Lea's Son & Co., 1884.

The rapid advance in the branch of diseases of women is well illustrated by the growth and changes in the three editions of this treatise. It is only five years since the first edition passed through the press, and already the author informs us that nearly every chapter has required not merely revision but rewriting.

Such changes betoken not merely an adding to our previous knowledge. Were this all, it would be a matter of unmingled congratulation. Unfortunately, the truth is far from this. In the last five or six years the gynecological world has come to recognize numerous most disastrous errors of practice in which the mistaken zeal of its votaries had plunged it. To mention one only, the abuse of intra-uterine medication, now generally recognized, ruined hopelessly the lives of thousands of women.

We are glad to add that Dr. Emmett has been a conservative teacher, and has generally warned against the extravagances of his fellow specialists, though he acknowledges that he has not fully lived up to his convictions in this respect.

The author lays especial stress on the varieties of pelvic inflammation, and the reader will find this important topic treated nowhere more fully than in his pages. There are few points, indeed, in the branch which are not discussed at length. The details of cases takes up much room which might, it seems to us, have been advantageously reduced.

A Hand-book of Ophthalmic Science and Practice. By Henry E. Juler, F. R. C. S. Illustrated, 8vo., pp. 467. Philadelphia, H. C. Lea's Son & Co., 1884.

Mr. Juler, is a London ophthalmologist of high standing, and his treatise has met with a favorable reception from the British Press. It is eminently practical in tone, and the style is free from

the verbiage with which many specialists surround their teachings. The volume is one which can be read with satisfaction by any educated physician. It is, moreover, admirably illustrated, both with numerous wood-cuts and chromo-lithographic plates. Selections from test types are bound in with the volume, and a well-prepared index and table of contents facilitate reference. The arrangement and scope of the text does not offer any material differences from other works on the branch. The manufacture of the book is uncommonly excellent.

A Text-book of Practical Medicine. By Alfred L. Loomis, M. D., LL. D., with 211 illustrations. New York, Wm. Wood & Co. Pp. 1102.

Dr. Loomis has long been known as an acceptable instructor to a large class of students in the University of the city of New York, and as a practitioner of widely-acknowledged skill, any work from his pen is sure, therefore, to command a large popularity with the profession.

The present volume is in fact a recast of his lectures before his annual classes. It is not, however in the form of lectures, but in that of a didactic treatise. The diseases are classified under the different organs to which they have chief reference, and each disease is considered with reference to its pathology, etiology, symptoms, diagnosis, and treatment. Particular attention is given to the morbid anatomy of lesions. This, in the opinion of the author, deserves a higher place than it receives in many treatises.

Another point which the author makes is that many diseases present in this country peculiar features, and are benefited by modes of treatment not entirely the same as those taught in European authorities. This view is unquestionably correct, and it is one that for many years we have urged in the pages of this journal. After long hesitation, it is now slowly receiving acceptance by the profession, and we shall soon see it adopted generally, and no doubt claimed as a discovery by our New York brethren, after their well-known fashion.

In the matter of treatment, Dr. Loomis is not a very strong believer in drugs. He belongs to the school of those who would do nothing rather than run risks. The lover of new remedies will find scant satisfaction in his pages. Here he will be disappointing to the majority of readers, but they will not have to go far to find plenty of authors who make up for his deficiency in this respect.

The numerous illustrations are chiefly of morbid processes, and are well drawn and original.

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GENERAL CARCINOSIS.

To the New York Pathological Society (October 22, 1884), Dr. John A. Wyeth presented a specimen, accompanied by the following history, furnished by his house-surgeon at the Mount Sinai Hospital:

Franz S—, aged thirty years, a native of Germany, single, and a machinist, was admitted September 10. Last May the patient noticed a swelling at the left side of the umbilicus. It gave him no pain. It gradually increased in size downward and forward until it gave him great inconvenience from its size, weight, and position. During the last four months the patient has lost eighty pounds in weight, has had for some time a cough, with some expectoration, occasionally bloody. Last April the patient had his left testicle removed at the German Hospital, presumably for tubercular disease. Of late the pain in the abdominal tumor has become so severe that it prevents him from sleeping. There was no history of gonorrhœa, chancre, or rheumatism; no œdema. One brother and his mother died of phthisis; a remaining sister has some lung trouble.

On admission, the patient had a large tumor involving the umbilical, left inguinal, and left lumbar regions, extending about two inches to the right of the umbilicus downward almost to the symphysis pubis, and also around to the back. The tumor was painful on pressure. Pressure over the region of the left kidney gave rise to pain also on the under surface of the liver and over the left upper half of the thorax, especially near the sternum. There was some bulging at the upper part of the left side of the chest anteriorly, and the outline of the clavicle was entirely obliterated. The left axillary and supra-clavicular glands were much enlarged. The abdominal tumor had a nodular feel, and a number of small, nodular bodies could be felt near it.

Physical examination of the lungs revealed slight dullness and broncho-vesicular breathing at the right apex anteriorly; marked dullness, diminished voice and breathing; crepitant, subcrepitant, and sonorous rales at the left apex an-

teriorly. There was a resonance between the splenic dullness and the tumor.

The patient had marked laryngitis, loss of voice, and spasmodic cough. There had been no hæmaturia at any time. He was much emaciated, his appetite was poor, temperature 100° F., and he complained of constant pain.

September 16.—Great pain in the left leg and thigh, limb cold and mottled, and foot anæsthetic. No pulsation in the femoral artery. The swelling of the left lower extremity continued to increase, accompanied with pain along the course of the artery, and on September 23 several large blebs were observed near the ankle. The general condition of the patient grew worse, and he died on October 15, with symptoms of pulmonary œdema.

Autopsy.—On opening the abdomen a large tumor was found occupying the left inguinal and lumbar regions, and covered by the adherent mesentery. The abdominal wall was not involved. The tumor was firmly attached to the vertebral column, and to it were attached the descending colon and left kidney. The ureter had been compressed by the tumor and hydro-nephrosis had resulted. The tumor seemed to arise from glands in the lower dorsal and lumbar regions, and had surrounded the aorta and vena cava completely. The vertebral column and inter-vertebral cartilages appeared healthy. The left external iliac artery was flattened and nearly occluded by the tumor, and there was thrombosis of the iliac vein extending down into the left femoral. The mesenteric glands were involved, as also were the glands passing below Poupart's ligament, with the femoral vessels. The anterior mediastinum was occupied by a new growth, which was attached to the sternum, and extended backward about one inch behind the trachea, surrounding it and the great vessels of the neck. The apex of the left lung was pushed to the left by the tumor, and the upper lobe was infiltrated with the new growth. The upper lobe of the left lung also contained numerous cavities, and there was marked bronchitis and laryngitis. The right lung appeared normal. The liver showed numerous broken-down white foci, varying in size from one-fourth to

two inches in diameter. The kidneys were congested, the spleen and stomach were normal, and the bladder contained nodules similar to those seen in the liver. The brain was not examined.

The specimen had been examined by the pathologist of the hospital, who pronounced the new growth to be cancerous, probably originating in the lumbar glands, with metastasis into the mediastinum and other organs of the body. The point of interest in the case was the fact that the patient was operated upon for removal of a tumor of the testicle, which was considered to be tubercular in character, and within a few months subsequently a new growth occurred in the line of the lymphatics upon the same side of the body, which growth was carcinomatous, and was followed by malignant growths in the lungs, liver, bladder, and mediastinum. The testicle was removed by his colleague, Dr. Gerster, who had presented it to the society as a tubercular testis, and on examining the records of the German Hospital it was found that the case was recorded there as one of tubercular disease of the testicle.

DISINFECTION.

For a subject that has been discussed as much as has the question of disinfection, we certainly are not very close to accurate knowledge. However, we can do considerable in the way of rendering innocuous germs, vapors, or whatever may be the cause of disease. We have rarely seen better advice on this subject than is contained in the summary of Dr. W. J. Miller's article in the *Practitioner*, October, 1884, which he thus wisely concludes :

1. Considering the strength of a disinfectant, which these experiments show to be necessary, it is very doubtful that any efficient disinfection of a room can be practiced while it is occupied. Nevertheless, it is possible that the presence of a disinfectant, though not in sufficient concentration to kill contagium, may by long continuance of operation weaken it, and if microzymes be the contagium, may so lower their vitality as to impair their power to reproduce their kind. A certain degree of probability is given to this by

Prof. Tyndal's observation of the effect of discontinuous heating in sterilizing putrescible liquids, which led him to conclude that there is a period in the life-history of these minute organisms when they are especially vulnerable. It is therefore in the direction of good, to employ some disinfectant during the progress of the case; and there is none equal, either in efficiency or in simplicity of application, to sulphur. It is exceedingly convenient in practice to use sulphur pastilles, as introduced by Dr. Littlejohn, each of which contains twenty-five grains of sulphur, one or two being used at a time, according to the size of the room. This should be done several times a day.

2. The skin of the patient should be sponged several times a day with diluted acetic acid, by preference with the aromatic. This is especially applicable in scarlet fever, effectively disinfecting the desquamating skin. I only mention the method of inunction to emphatically condemn it. The strength of the solution must be regulated by what is found agreeable to the patient; a 1 to 20 solution of the aromatic acid which has been referred to, is generally not too strong.

3. For the final disinfection of the sick-room nothing equals sulphur. But it must be thoroughly applied. The Dundee sanitary authority uses about three pounds of sulphur to a room about ten feet square, carefully closing all apertures by which the fumes might escape, and leaving the room shut up for about four hours.

4. For disinfection of clothing, etc., the method followed here is exposure to a temperature of about 250° for three hours in a specially constructed chamber, the air being also charged with the fumes of about six pounds of sulphur. It is scarcely possible that any contagium can live through such an ordeal.

5. Excreta of patients are best dealt with by Dr. Dougal's method, namely, mixture with hydrochloric acid diluted to 1 to 20. He has proved that this solution does not injure the metal fittings with which it comes for so short a time in contact. Clothes may also be thoroughly disinfected by this agent, and without injury.

6. For hand disinfection, carbolic solution 1 in 20, acetic acid and sulphurous acid are almost certainly thoroughly effective.

7. The question of disinfectant inhalations for lung disease, especially phthisis, demands a longer consideration than can here be given to it; but when we consider that vaccine which had been exposed for three hours to air saturated with creasote vapor, and similarly for four hours to the vapor of eucalyptol, retained its infectivity unimpaired, that the germs to be acted on are far in the recesses of the air vesicles, and that the inhaled disinfectant can only reach them in very weak dilution, if indeed it reaches them at all, it appears to me, although it is very disappointing to arrive at such a conclusion, difficult to place much confidence in this therapeutical expedient.

NOTES AND COMMENTS.

The Contagiousness of Typhoid Fever.

The contagiousness of typhoid fever has been maintained by some and denied by others. It seems to be one of the questions about which there is considerable latitude of opinion. Hence it will be interesting to read about the cases that Dr. E. A. Cobleigh, of Athens, Tennessee, reports in the *Cincinnati Medical News*, wherein the evidences of contagiousness are very strong. They deserve the careful attention especially of surgeons in charge of hospitals. He thus reports his cases:

"During the month of May, a young man of this vicinity returned home from a neighboring city, rather indisposed. He was aged about 28 years, deformed from early childhood by anterior spinal curvature to moderate degree—the hunch-back condition being attributed to an injury received, when quite young, from a fall—but the curvature not materially increasing for many years. This young man, whom we will call J. C., had been engaged for only a few weeks in business in the city aforesaid, and about ten days or two weeks before his return home, he had assisted in 'laying out' a man who was said to have died of typhoid fever. He went to his mother's home, a couple of miles in the country, and a doctor was called, who stated that he feared J. C. was coming down with typhoid. A couple of days

later, as the first physician was professionally absent, another was called to permanently supersede him, and the new man pronounced the case one of septicæmia from absorption of detritus from spinal caries—the last stage of Pott's disease. Under this treatment, the case went on for about five weeks, with a fatal prognosis from the first.

"About three weeks after J. C. came home, I was called to see Mrs. P. B., a young lady of 23 years, in same house. My patient was anemic and debilitated from prolonged lactation. Her first child was a niece of J. C., and had been nursing him much of the time during his illness. Her case rapidly developed into an open, well-marked, but mild typhoid fever. J. C. was now very low and unconscious. The two cases moved along for three weeks side by side—mine mild, mostly rational, but profoundly debilitated; the other comatose and condemned. Once I saw J. C. at the urgent request of family, but only as bearing on my own case and not for treatment or criticism. That he had a pure typhoid I was firmly convinced, but this I did not say. Thinking him dying for eighteen hours at one time, all remedies were discontinued, when he unexpectedly opened his eyes and rationally called for something to eat. From this point forward, for thirteen weeks, he hung between life and death, alternately conscious and comatose, and then rallied under the care of his first physician (who had been recalled), and recovered.

"Meantime Mrs. B., who had been slowly but steadily improving for several days, imprudently sat up for a few moments in a very weak state, then lay down, turned on her side, complained of nausea, gasped, and was instantly dead of cardiac paralysis. This occurred at the beginning of the fourth week of her illness. The details of these two cases I give rather in full because of their interesting points, as well as their bearing on the history of the outbreak. The others I shall merely mention in brief. About a week after Mrs. B. died, a younger sister of hers, K. B., living in the same house, came down of the disease, and had a mild and brief attack, out of which, however, she came very markedly emaciated. A younger brother of J. C., residing in Iowa, and an older brother, whose home was about one and half miles from the infected house on another road, went to him soon after he fell ill, and were in or about his room most all of the time. The older brother had a very delicate wife and child, both of whom visited J. C. during his confinement, and these two suffered, I am told,

from attacks of the same fever. Two other children of this family escaped, these two being stout and healthy.

"The husband of Mrs. P. B. did much nursing of the sick parties, but he had experienced a severe and prolonged typhoid in another State a few years previously, and escaped this time. The younger brother of J. C., from Iowa, came down soon after K. B., and had a long, tedious attack. The older brother escaped. Whether he was protected by a previous occurrence, I am not aware. An older sister, the mother of Mrs. J. B. and K. B., also escaped. This lady was well along in years. Another one of these girls, and in age between the two previously mentioned—also residing in the infected house—came down last of all, but had a very light attack.

"Another, and younger sister of J. C., residing two and a half or three miles distant, came with her husband to nurse the sick, and stayed much in this house. The husband was an old and experienced nurse in typhoid, and escaped. His wife, suckling an infant, fell ill after returning home, and was seriously sick for some time. The nearest neighbor of this family, a mile farther out on the same road, next had a half-grown boy attacked, probably from contagion by intercourse between the two houses, and lastly an invalid brother-in-law of this lad, residing in town, had an attack. No epidemic of typhoid was prevailing in our section at the time these cases occurred, and indeed this fever is rare here—only appearing at rather long intervals. Seven miles southwest of our town, a few imported cases were reported in a neighboring village. With the exception of these, I do not know of any other cases having been heard of in the country, and surely it seems to me that the history of those given shows a pretty good indication of gradual spread by direct contagion. Some years ago a similar outbreak occurred in the town itself, about a dozen cases all told—the first, a young lady just home from boarding-school in Pennsylvania, fatal; the others confined to about three houses, and all directly traceable to apparent infection by personal intercourse with the sick."

Cocaine in Dysphagia.

The following striking example of the successful use of cocaine in overcoming painful deglutition was related by Dr. Jelinek in a paper read before the Vienna Society of Physicians, which has been published in full in the *Wiener Medizinische Wochenschrift* (No. 46):

The patient, a male aged forty-five, was suffering from tubercle. There was extensive swelling, and brawny infiltration of the epiglottis, but only moderate dullness and slight crepitation were discoverable at the apex of the right lung. He had been treated as an out-patient in the clinic of laryngology for three months, and iodoform and morphia had been daily blown into his larynx, and he had constantly taken ice. In spite of this treatment he affirmed that for close upon two months he had only been able to swallow milk in the minutest quantities. He was extremely wasted, incapable of work, scarcely able even to walk, and tortured by continuous pain and thirst. Before applying the cocaine solution Dr. Jelinek made him drink some water. He had hardly swallowed a drop before he started up in the greatest pain, while the water returned through his mouth and nose. Dr. Jelinek then carefully painted the lingual and part of the laryngeal surface of the epiglottis, and the vallecule, with a ten per cent. solution of cocaine, and a minute afterwards told the patient to drink again. The man anxiously took a small mouthful, for a moment looked around in astonishment, and then, to the surprise of all, greedily swallowed the whole glassful at a single draught. Tears of gratitude filled his eyes, and he could scarcely find words to express his thanks. The next day he related that on reaching home, an hour after the application, he had, to the astonishment of his wife, made an excellent meal (the first he had had for two months) without any difficulty, but that soon after the pain reappeared, and three hours after the painting, was as bad as ever.

Echinococcus of the Neck.

Dr. Lindpainter, of Munich, reports a case of the above in the late *Festschrift des Ärztlichen Verein (The Medical Press)*. The patient had noticed an enlargement of the neck, principally on the left side, from his earliest youth. About ten years ago, after forced yawning, it increased rapidly in size, so that a considerable tumor developed behind the sterno-cleido-mastoid muscle, which caused difficulty of breathing, and was diagnosticated by various physicians as struma. On August 20, 1882, Dr. Lindpainter was called to perform the operation of tracheotomy on account of the difficulty in breathing. He found on the left side of the neck a tumor the size of a man's fist, reaching from the clavicle to the ear. The trachea was forced over to the right, and flexed, so that respiration was exceedingly diffi-

cult, and the œsophagus was also so much compressed that fluids even could only be swallowed with difficulty. Dr. Lindpainter took the tumor for a solid struma, calling for tracheotomy, but upon examining more closely he discovered in a small spot above the clavicle distinct fluctuation. After puncture and the evacuation of about three ccm. of clear watery fluid, fluctuation was noted in another part; he punctured this also, and let out about 5 ccm. of similar fluid, after which the trachea straightened itself, and the breathing at once became easy. Examination of the escaped fluid showed the presence of hooklets, and the only further question was the extirpation of the echinococcus. He determined upon incision and drainage. He accordingly incised and inserted a drain on September 2, and in the beginning of December, as no more cysts by that time appeared, the drainage-tube was removed, and in a day or two the wound healed, and at the date of the report, the neck appeared quite well.

Cocaine in Neuralgia.

Dr. William Murrell thus writes in the *British Medical Journal*, December 13, 1884:

During the last three weeks I have used cocaine in six cases of supra-orbital neuralgia, with an account of success which I think justifies a further trial of this mode of treatment. I commenced by rubbing in a four per cent. aqueous solution of hydrochlorate of cocaine, but no beneficial effect was produced, and it was clear that absorption did not take place. I next tried hypodermic injection over the painful spot, of first an eighth, then a quarter, and finally half a grain of the same solution. The relief was almost instantaneous, and lasted from twelve to twenty-four hours, according to the dose employed; but the objection to this mode of treatment is the pain caused by the introduction of even a clean sharp needle. I abandoned this plan, and tried the inunction of first a ten and then a twenty per cent. solution in chloroform. This gave fairly good results, but the chloroform evaporates so quickly as to leave much of the salt on the skin. A better solvent is oil of cloves, and I now use a twenty per cent. solution of the hydrochlorate in that menstruum. I rub in from five to ten minims with the finger, and find that almost instant relief is afforded. We hear a great deal of the toxic action of the drug, but I have never met with bad symptoms of any kind. The real objection to the treatment is the expense, a hundred minims of the twenty per cent. solution costing about £2

10s. In hospital practice it will be found cheaper to employ percussion, which sometimes gives excellent results, or to use a pigment made by rubbing up together equal parts of chloral, menthol, thymol, and camphor.

The Diagnosis of Gastric Disease.

In the *Lancet*, December 13, 1884, we read that methods have been adopted from time to time with a view of determining the digestive activity of the gastric juice outside the body. Van der Velden elaborated a method for carrying out this plan by getting patients to swallow a dry sponge enveloped in a gelatinized capsule. Leube used to wash out the stomach with about 300 cubic centimetres of iced water. Recently M. Beaumetz has adopted the principle of aspiration in order to obtain some gastric juice. There appears to be no need for the practical physician to acquaint himself with the details of the procedure nor with the minutiae of the apparatus concerned. Van der Velden said that in cancer of the stomach the secretion from this organ contained no hydrochloric acid, and thus believed that an easy way was open for us to distinguish between cancer and other chronic gastric disorders. Leube concluded that the degree of acidity of the gastric juice would give us some idea of the degree of the dyspepsia, and he drew no other conclusion from his careful study of the subject. A certain coloring matter derived from coal-tar, and known as orange-poirier No. 4, or tropeoline, undergoes a change to a clear violet-red tint, when a one per cent. solution is brought in contact with muriatic acid, whilst it does not lose the yellow tint with lactic and other acids. This tropeoline has been employed in testing the condition of the gastric juice. The above information is interesting, but as yet cannot be said to possess any value for clinical medicine.

Operations on Aged Persons.

Since we have already had something to say on this subject, we report with pleasure the following case, which Dr. G. Parker May reports in the *Brit. Med. Jour.*, December 13, 1884:

Mrs. B., aged 84, was long the subject of umbilical hernia. Great corpulency and a chronic cough rendered a truss of little use. On June 5, 1880, strangulation took place, succeeded shortly by fecal vomiting, resisting the taxis, aided by refrigerating applications and tobacco-enemata. The warm bath was not employed, on account of the great age and helplessness of the patient. An operation was performed at 5 p. m. A mass

of omentum was strongly adherent, behind which was a knuckle of intestine, of a dark chocolate color, about five inches in length, which was returned. The omentum, being healthy, was suffered to remain. The bowels acted spontaneously five hours afterwards, and vomiting ceased. Some amount of irritative fever lasted about a fortnight, associated with loss of appetite. Under the administration of cordials, etc., she gradually regained strength, and was restored to her usual condition of health. It is remarkable that about twelve months afterwards strangulation occurred a second time, necessitating another operation. About two feet of bowel appeared below the stricture, which was with difficulty returned, owing to the severe habitual cough to which the patient was subject. She was then in her eighty-sixth year. She did well, and lived more than two years after this operation.

Danger of Too Early Repetition of Iodine Injections in Hydrocele.

Professor Tillaux drew the attention of his class, at the Beaujon, to the danger of being in too great a hurry in repeating injections of iodine in hydrocele. It is only at the end of six weeks or two months that we can judge of the result of the first injection, and to interfere before this time is to expose oneself to induce the formation in the tunica vaginalis of those false membranes which are so vascular that they bleed on the slightest shock, and thus give rise to hæmatocele and the loss of the testicle.

SPECIAL REPORT.

REPORT ON THE USE OF MURIATE OF COCAINE.

BY DUDLEY S. REYNOLDS, M. D.,

Professor of General Pathology and Diseases of the Eye and Ear in the Hospital College of Medicine, Louisville, Ky.

Reported by ALLEN KELCH, M. D.

(Concluded from page 29.)

November 19. J. S., æt. 14, suffering with asthenopia, had one drop of the solution instilled at 11:04, 11:04½, 11:05, 11:05½, and 11:06. At 11:20, the accommodation seemed but little disturbed, the pupils being widely dilated. 11:30, accommodation still undisturbed; anaesthesia of the cornea had almost disappeared, and the patient was quite sensitive. One hour later, the pupils were reduced somewhat in size, the eyes which before had felt painful and sore now were

quite comfortable; instillations of the hydrobromate of homatropia were resorted to, and the accommodation being fully suspended, it was found the patient had hyperopic astigmatism equal to $\frac{1}{8}$ s.

A number of other experiments to determine the effect of the drug upon the accommodative function of the eye yielded variable results; in no case, however, was the accommodation fully suspended by it.

November 22. Mrs. M. H., seventy-two years of age, senile cataract in both eyes. The right eye having failed first, was selected for operation. At 1:20 p. m., a drop of cocaine was instilled; at 1:21, another. At 1:25 the cornea was anæsthetic, and the speculum was introduced. Extraction of the cataract with iridectomy was done without any complaint whatever from the patient.

At 1:45, Mrs. B., æt. 56, with senile cataract in the left eye, was subjected to an instillation of the cocaine. At 1:46, a second. At 1:50 she tolerated the speculum, whereupon the cataract was extracted without iridectomy. The patient said she felt as if the eye were pressed upon. At 2 p. m. she said it felt a little sore, and she had a slight cramping sensation in the lids; no other expression of discomfort was made.

November 26. Miss C., æt. 33, has dense cicatricial opacity of the left cornea; she called to have it tattooed. Explaining to her the unsatisfactory results of that operation, and the possibility of improvement from a somewhat similar proceeding without the use of the pigment, viz., acupuncture, and obtaining her consent, I instilled, at 10:35, one drop of the solution, and at 10:40 I separated the lids with my thumb and index finger and began the process of acupuncture with a spear-pointed needle, which I carried on to my entire satisfaction, without any complaint whatever from the patient, and without the usual flow of tears. On releasing the eye, no suffusion existed; in fact, not the slightest evidence of pain or irritation was present, and the patient left the office with expressions of great satisfaction.

On the same day, Mr. M. brought his son, a boy 7 years old, who had been conducting some experiments with gun-powder, and had three large grains blown into the corneal epithelium. The eye was quite irritable, morbidly sensitive to light, and the boy would not tolerate inspection. The instillation of the cocaine was followed in five minutes by such complete abatement of all sensibility in the eye as to permit an easy inspection of the organ; in two minutes more he permitted me to press the lids widely apart with my

fingers, and begin the work of removing the powder. To my astonishment he offered no objection, and the operation was completed without pain.

December 1, Mr. D., a machinist, had a small fragment of brass driven into the cornea three days ago. All attempts at removal had served to increase his sufferings. The eye had been poulticed. He now has violent keratitis. An instillation of a drop of the solution of cocaine into the inner canthus—it being impossible to separate the lids—was made at 9 a. m. At 9:03 he permitted the upper lid to be raised, when another drop was instilled, this time upon the surface of the cornea. At 9:05 his eye was opened, and he said it felt easy. At 9:07 he permitted me to press the lids open, and remove the piece of brass, which was done by an incision by the side of the foreign body with a spear-pointed needle, after which the point was turned in under it, and it was lifted out. Another instillation was then made, and the eye closed with some absorbent cotton and a strip of adhesive plaster drawn from the cheek to the forehead. The patient returned at 1 p. m., to say the pain was returning, whereupon the dressing was removed, another drop instilled, and he was allowed to go home with his eye uncovered. It is proper to state that the foreign body in this case was about one-half the size of an ordinary pin-head. There was no further return of the pain, and the eye speedily recovered, the pupil being still dilated on the following day.

December 2, 1:15 p. m. Mrs. McH., 77 years old, had a cataract extracted from the right eye the first week in September. Has now an opaque capsule, an instillation of cocaine permitted capsulotomy four minutes later without pain.

Miss Curry. Iritis, excessive lachrymation. December 6, 11:25 a. m., instilled one drop; 11:25½, another drop; 11:27 patient opened eye before the open window; 11:27½, vascular injection perceptibly reduced; 11:28, patient exclaimed, with eyes opened full before the light, "It feels very good;"* 11:29, sat up erect, opened eyes, and with smiling countenance began to tell how difficult was her passage through the street to the office. 11:31 the vascular zone was so reduced as to show only the individual vessels in the limbus. At once the inferior canaliculus was explored into the tear-sac, with a Bowman probe No. 1. Patient did not wince, and denied pain. Withdrawing the probe, patient said, "I'm very much im-

* 11:28½ overflow of tears ceased.

proved." She went out of the office with eyes wide open, uncovered, free from overflow of tears, exclaiming, "I am well, almost."

December 4. Mrs. Dr. Grady, of Columbia, Ky., had inferior extraction of cataract from the left eye early in September last. The dressing was worn eleven days; on removing it the eye was painful, red, flooded with tears, and extremely sensitive to light. This continued more or less until now. She is 36 years of age. Has had chronic intermittent fever, is much reduced in flesh, and very nervous, starting at the least sound, and shrinking from the slightest touch. Eye cannot be examined. At 11:53 $\frac{1}{4}$ a. m., one drop was introduced at the inner canthus, it being impossible to expose the ball; at 11:53 $\frac{3}{4}$ another drop was introduced, followed by a gush of tears; at 11:55 another drop, this on the cornea; 11:56 vascularity of conjunctiva diminished; 11:57 overflow of tears ceased; 11:58 $\frac{1}{4}$ insensibility of cornea to touch. She said, "It don't hurt. I don't feel it, but I don't like to think you are going to touch it." Inspection now showed occlusion of pupil, a band of connective tissue extending vertically through the iris. The iris bulged on both sides of this central line, quite into contact with the cornea, several large vessels passing through the line of cicatrization of the cornea into the connective tissue, which binds iris to lens capsule. Considerable cyclitis. At 12 the husband made the first entirely satisfactory examination since the operation in September. In reply to question, she said she felt no pain from the separation of the lids, pressure upon the globe, nor from muscular movement. 12:05 $\frac{1}{4}$, complete muscular control with lid voluntarily opened; 12:07 $\frac{1}{2}$, slight evidence of returning sensibility to touch; 12:11 $\frac{1}{2}$ she went to the glass to look at her own eye, which was now freely open. She exclaimed, "It looks awful without a pupil." 12:18, eye felt as if sand were in it, and she was anxious to go to the infirmary before full return of pain and sensibility to light.

(Notes taken and time kept by Mr. William J. Evans.)

December 5. Mrs. R., epithelioma of the lower lid, extending from the outer canthus about one-fourth inch along the free border of the lid, and occupying the palpebral conjunctiva quite back to the retrolarsal fold. Instillation of cocaine at 3:10 p. m. and 3:11. At 3:18, patient permitted section of the outer canthus. Being asked if it hurt much, she answered in the affirmative, though she had not cried out. While she was talking about it, the skin was divided near the

lash with a Beer's knife, when the scissors was made then to grasp the cartilage, dividing it freely, and the retrolarsal conjunctiva being next divided, the cartilage, with the cancerous mass detached, was lifted out. The patient, though nervous and sensitive to the slightest touch on first examination, permitted all this without wincing, yet she said it hurt.

It is apparent that the cocaine does not permit entirely painless tenotomy in squint; that abscesses, cystic tumors, and epithelioma of the lid may all be operated upon with but very slight pain; that pterygium, foreign bodies in the cornea, iridectomy, capsulotomy, acupuncture, and other similar operations, may all be done absolutely without pain. Amongst the more painful manipulations in ophthalmic surgery are those attending the treatment of diseases of the lachrymal passages. These may be all done now without pain under the influence of cocaine. The best form for administration, in my judgment, is a solution of two grains of the salt to one drachm of distilled water. One drop placed upon the cornea is amply sufficient to produce complete anæsthesia in about five minutes. Two drops at intervals of one-half minute or a minute will produce as profound anæsthesia as may be desired for any operation upon the ball.

For tenotomy, it is but to instill a drop into the wound before dividing the tendon; decided effects follow the instillation inside of two minutes.

It will relieve the pain of iritis as promptly as will any other drug. It seems alike analgesic and anæsthetic. The first specimens used were made by Merck, of Darmstadt. It is now made of very superior quality in this country, by McKesson & Robbins, of New York.

CORRESPONDENCE.

Salisbury Steak and Treatment.

EDS. MED. AND SURG. REPORTER:—

Requests have come to me from different physicians asking me to explain more fully about the "Salisbury steak and treatment." It will save me time and writing if you will kindly publish the following in the MED. AND SURG. REPORTER:

The Salisbury steak is made by taking the best slices of the "round" of the beef, and chopping it with *dull* knives. The object is not to cut, but rather pound the meat. A hand-chopper can be used, but if the patient is to live exclusively on this diet he would save much time and trouble by purchasing an American meat chopper and having the knives blunted.

The amount of meat used must, of course, be according to the amount a patient can eat. On pounding the meat, as directed, the pulp comes to

the top, and the tough, fibrous portion remains below. This pulp is scraped off and made into cakes—like sausage-cakes—or in shape like a good-sized steak, and *gently* broiled on a gridiron. It has been found that meat gently cooked is more digestible than raw. The fire must be good, so that the meat may be rapidly broiled—that is, be cooked on the outside and almost raw inside.

A little salt and pepper and a small amount of butter added makes a not at all unpalatable dish, and one which contains *all* the strength of the beef, with the tough, indigestible portion entirely separated. This diet is used exclusively in chronic cases, by physicians professing to treat according to the Salisbury method. They use but few drugs, and what they use are mainly tonics. I hope to accumulate the history of cases treated by this method, and if I do so will publish them with pleasure.

This diet is used not only in diseased digestion, but diseases of liver, kidneys, stomach, bowels, nerves, etc., and I have seen remarkable results in persons suffering from widely different diseases.

W. M. HEPBURN, M. D.

Freehold, N. J.

The Elevation of the Medical Profession.

EDS. MED. AND SURG. REPORTER:—

Permit me, through your valuable journal, to express my views in regard to what is necessary to continue the advancement, and elevate the dignity and honor of our noble profession. I say continue the advancement, for the reason that if the past is compared with the present, we cannot help but see great advancement in many respects. But it is also very evident that we are far off from having reached that desired point of dignity and respect that justly belongs to our profession. Many different opinions are being at present advanced on this worthy and important subject. Some seem to think it absolutely necessary to be an A. M. in order to become a qualified physician. In my opinion a requirement of this kind would be a great mistake, as it would have a tendency to shut out from the profession some of the best of intellects, simply because they would not have the necessary funds to attend some school and receive the degree of A. M., while at the same time they might possess a good primary education; in fact better than some that had the funds, if not the brains, to receive this degree. What is true of one degree is also true of another. That the degree of M. D. is not at all times conferred by true merit is sufficient proof to declare the same fault in the degree of A. M. Therefore this is not a force to depend upon. Let us take the material that has force of intellect, no matter whether rich or poor the degree of A. M. or not if they have a good primary education to start with, and the *grit* and determination to qualify themselves in all the necessary branches to make competent and successful physicians. Push, energy, and intellect, backed up by good judgment, is the jewel that we want in order to elevate the dignity and standing of our profession. Inaugurate plans whereby we can reach this important element, and we are then on the right road to success. The physician when he leaves college, after having the degree of M. D. conferred upon him,

should not feel and think that he is finished, but should realize the fact that he has but commenced, and should act accordingly, continuing to study and search for knowledge, using every effort to elevate himself both intellectually and morally, and thereby his chosen profession. Some think the physician is not respected as he should be. This is too true; but it does not apply to all. It depends a great deal upon the physician himself. If he is a faithful student, attentive to his business, guarding all his acts and words with good judgment, he must and will command the respect of the community in which he resides.

This great and important duty devolves wholly upon himself, as the degree does not demand the respect from the people it deserves. *Why does it not?* Simply because the degree of M. D. has not been respected by the law of the country until very recently. Consequently, the regular and legal physician was, and, *in fact, is still*, classified in the minds of the people with all the quack, horse and cow doctors of the land. Consequently, if the physician of to-day desires to stand in the mind of the people above these quack doctors, he is obliged to establish qualifications that will place him there independently of his degree.

The next and very important duty devolves upon our colleges. The time that the student serves before he enters college is far too short. In place of admitting them from the blacksmith-shop, the shoe-shop, etc., they should be required to study at least five years under the directions of some regular physician and be examined in regard to their preliminary education before they are received as students at college. If this plan was adopted by the colleges, the registry law enforced, and the respective duties of the physicians adhered to, we would have the power to place the profession in standing where it justly belongs. C. W. M.

Mainesburg, Tioga county, Pa., December 22, 1884.

The Naval Medical Society.

EDS. MED. AND SURG. REPORTER:—

The late meeting of this society at the rooms of the Museum of Hygiene, Washington City, Dec. 4, was presided over by Surgeon John M. Browne, in charge of the Museum, and treasurer of the approaching International Medical Congress, Surgeon Charles H. White, Secretary. Among the Fellows in attendance were Surgeon General Francis M. Gunnell, Chief of the Bureau of Medicine and Surgery, James M. Flint, M. D., of the Albatross, C. H. H. Hall, Passed Assistant Surgeon, and Professor H. G. Beyer.

The proceedings and discussions of the society which has a monthly re-union, with the exception of a few months during midsummer, are exceedingly interesting. The papers read continue to present topics instructive and of practical interest to the surgeon and physician. For several weeks past Professor H. G. Beyer has delivered a series of lectures, seven in number, on the "Development of the Chick," illustrated by diagrams, engraving, and models. The theories and opinions of Professor Huxley were most frequently quoted by the learned lecturer, who traced with admirable clearness the development of the higher

orders of vertebræ from the lower series, viz., fish, birds, etc. He described minutely the comparative anatomy and physiology of the fibro-cartilaginous and nervous systems of fishes and birds, and mammals, and proved the wonderful connection between tissues and organs of the inferior and higher orders of the animal kingdom, *e. g.*, that the fish's gills constitute the structural basis of the bones of the ear of the human subject.

The profession of the metropolis of our country may be congratulated to have presented to them such themes of biological study, since only three universities of America have, as yet, founded chairs for such instruction—that of Virginia was established in 1849, and is filled by Professor I. L. Cabell, President of the National Board of Health.

Among other papers read were:

1. "Cinchona Cultivation in India," by Dr. Geo. W. Wood.
2. "Snake Bites in India," by Geo. W. Wood.
3. "A Memorial Sketch of the Life of the Late Dr. James M. Ambler, U. S. N.," by Dr. Frederick Horner.

The consideration of the history and treatment of a case of acute albuminuria introducing a discussion on the use of opium in such cases, by Dr. C. H. H. Hall, was deferred to the next meeting in January.

During the interval since the writer's attendance at a meeting of the Society marked evidence of the growth of the Museum of Hygiene was noticed, especially in the models of improved methods for the lighting and ventilation of decks and the state-rooms of officers on board ship, and also others presenting a critical analysis of various sewer pipes, showing their construction and defects, the latter due either to the ignorance or cupidity of the manufacturer—though often the occasion of disease and death to our unsuspecting citizens. The library of the Museum continues to receive valuable contributions of books, periodicals, and exchanges from home and foreign publishers. An annual volume, including a synopsis of medical and surgical cases occurring on board of war vessels and steamers of the various squadrons is published by the Bureau. Since nearly one-half of the surgeons afloat and in active service and retired are Fellows of the Naval Medical Society, such publications, with those of the *Transactions*, must contain valuable information.

Surgeon Browne proposes to furnish an interesting exhibit at the World's Exposition in New Orleans of collections from the Museum.

It may not be unbecoming to add that the present efficient Surgeon-General of the Bureau of Medicine and Surgery of the Navy is likely to maintain the high standard of the corps, and will have about him no official unworthy of trust—at least of the mercenary class.

F. HORNER, M. D.

Marshall, Va., December 16, 1884.

—The Paris Academy of Medicine, we learn from the *Gazette Hebdomadaire de Médecine et de Chirurgie*, has elected M. Charpentier, the obstetrician, to membership in place of the late Dr. Fauvel.

NEWS AND MISCELLANY.

Royal Doctors.

The *Lancet*, December 6, 1884, says:

It has always been the custom of intelligent princes to acquaint themselves with the studies of their time; and this fact, together with the other advantages of their position, has given them much influence in the advancement of learning. It is new, however, to find them taking a more particular interest in the life-work of their fellowmen, by adopting certain callings as their own—at all events, if we except the profession of arms. This latter, from its close connection with self-preservation alone, other matters being left out of sight, necessarily affects all classes of any people, especially in its earlier history. The peaceful developments of national work, again, belong to an age in which a wiser and more considerate law of comity has succeeded the rule of force, and in which the army has become a highly skilled and heroic form of international police, obedient to that law of order. This, at least, is what ought to be, and what we think has begun to come to pass. It is in keeping with this advance in civilization that members of royal houses in our day have been attracted to take part in forms of labor which, from their wide application, must often present themselves to the minds of all who have the oversight of nations. The name of Prince Albert Victor will shortly be placed upon the student-roll at the Middle Temple, and that of Prince Charles of Bavaria is to be counted among the medical graduates of Austria. It is in various ways advantageous to professional life that royal and noble men should employ themselves in it; and this is no less true of the art which guards the public health than it is of that which stands in defense of civil rule, or of their sister calling which exists to maintain the purity of our common faith. Let us speak of medicine in particular. It is clear, in the first place, that the adhesion of great names cannot in itself ennoble any profession. On the contrary, a profession exercises its government on all who espouse it. Their work is done by its direction, and it is and must be honored, not because of those who do the work, but because of the work which is done. This is pre-eminently true of medicine. Not less true is it that success in its aims cannot be said to wait upon or follow the introduction into it of distinguished persons. The Darwinian law has been well illustrated in its history; it has lived through a long and patient evolution, and has come to be what it is by contact with its circumstances, and, so far, with but little State encouragement. How, then, will it benefit by being connected with the first social and political rank? Partly in this, that the example of men whom circumstances have made independent of the primary needs of existence, and who have been surrounded with many of the less fruitful pastimes of leisure, when they earnestly devote themselves to professional work, is valuable to their fellows. It should impress on all others who are similarly engaged that the highest aim of medicine is not mere gain, either of wealth or of social reputation, but that it touches the life and gratitude of persons and of peoples

in all their interests, physical, social, and moral. The great importance of hygiene among considerations of national management has been recognized by our institution of a Local Government Board, and by many smaller measures. Other countries have acted in a similar sense, and it is satisfactory to find that, with some at least of those who represent the highest political influence, this interest is more than theoretical. We congratulate the royal doctor and others of like mind upon their choice, and we do not doubt that, exercising as fully as they can the varied powers of their profession, they will find that they also are gainers, and that no vocation educates more equally or even more highly the stronger and the finer faculties of our human nature.

Comfort for Invalids Traveling.

An article on Winter Health Resorts, in the *Practitioner*, contains some valuable hints to invalids, to relieve the discomforts found by them abroad in traveling and at hotels. One of the discomforts of the long railway journey which is required in order to reach most health resorts, is the constant vibration and the fatiguing occasions. This may be, to a considerable extent, avoided by the proper use of air-cushions. It is well for an invalid to be provided with two or more of these. The one to be used for sitting on may be either round or square, or may be either with or without a depression in the centre. Air cushions of a horseshoe shape and furnished at the ends with tapes so that they can be opened out and again tied together, are most useful. One of them tied round the loins supports the back, and another just like a collar round the neck supports the head, so that in whatever position it is put, sideways, backwards, or forwards, it always rests against the cushion.

Another comfort to invalids traveling is an India rubber bag for hot water, with a flannel case. Indeed it is well to have two of these if the invalid be very delicate. If any sudden chill is felt, or if any pain in the chest or elsewhere should come on, relief is often obtained by the application of a hot-water bottle which takes the place of a poultice. The invalid's friend can easily get these bottles filled with hot water by giving a small gratuity to the guard of the train, and asking him to fill them when stopping at a station. Stoppages occur on the French lines at least every two hours, and the water retains its heat quite long enough to make it useful between the stoppages.

Another thing which is a great comfort is an eider-down coverlet, which should be both long and broad. It is useful, not only during traveling by land or by sea, but during a stay at the health resorts. One would imagine that an eider-down quilt would be bulky or inconvenient to travel with, but this is not the case. In most "hold-alls" there is a large pocket, and the eider-down quilt can be readily rolled up and put into this pocket. When the straps are once around it, it can, from its softness, be easily pressed into a small bulk.

Two other things that the invalid should not be without are a small etna, with can or kettle, to boil water, and a small package of tea, also

beef-tea in a portable form, with a small box of biscuits. Even when such things are to be had at a hotel, the prices put upon them are sometimes so exorbitant that the invalid would hardly care to order them, however much he might desire them.

A War on Quacks in New Jersey.

A dispatch from Trenton, dated January 6, says that physicians in the northern part of the State have been busy for several weeks past preparing a bill to be presented to the next Legislature, that will propose to lessen the growth of quackery and the licensing of unqualified physicians.

The bill as drawn is said to be satisfactory to both schools of medicine. It is in nineteen sections, and provides for the appointment by the Governor of a State Board of Examiners and Licensers.

"It is our purpose," said a prominent physician, this morning, "to subject every graduate or applicant for a diploma to a rigid examination, which will be based mainly upon the fundamental principles of the profession. This plan will, we think, afford better protection to the community, and in time will do away with the bulk of quack practitioners."

The Board to be appointed by the Governor will consist of nine members, who must be graduates of a medical college, and with not less than five years' practice in medicine or surgery.

Seven members are to be chosen from a list submitted by the State Medical Society, and the other two from a list submitted by the Homeopathic State Medical Society.

Two sets of questions will be prepared, each set respectively by the regular and homeopathic societies, and the examination will be in anatomy, physiology, histology, general chemistry, pathology, principles and practice of medicine, surgery, and obstetrics.

The Microbe of Yellow Fever.

At a recent meeting of the Paris Société de Biologie, M. Rebourgeon gave some additional information as to the researches of Professor Domingos Frère, of San Janeiro, on the microbe of yellow fever. He believes that a former communication to the Académie de Médecine has not met with the attention it deserves. M. Frère, he observes, is fully entitled to priority in this discovery, the reality of which is shown by the fatality which attends the inoculation of the microbe in animals, which is very easily brought about. A still more important result is the attenuation of the virus by means to be hereafter divulged; inoculation of this attenuated matter only produces temporary disturbance of the animal's health. Informed of the experiments, the Emperor of Brazil ordered that 600 workmen, constantly occupied in the midst of highly-infected centres, should be inoculated. While before this period ten men out of every thirty had been attacked with the disease, none of those inoculated have suffered, except four of five men, in whom the operation was performed by the lancet instead of by the Pravaz syringe. M. Bouley drew attention to the importance of giving the widest publicity to these statements,

and stated that the attenuated virus was about to be taken to Senegal, where last year twenty-three out of twenty-five French physicians died of yellow fever.

Items.

—Bourgeois, in the *Bulletin Général de Thérapeutique*, recommends the subcutaneous injection of vaccine lymph in place of the endermic method. He has employed the new method with success.

—A department of hygiene and bacteriology has been opened in connection with the chemical laboratory of Professor Fresenius at Wiesbaden. Dr. F. Hueppe, who has done much work under Dr. Koch at Berlin, has been appointed to the charge of this department.

—According to the *Med. Herald*, Dr. Thompson has found the injection of hot water into the nostrils efficacious in arresting epistaxis. The use of hot water as a hæmostatic in other cavities of the body is well known, and it would seem that it is beneficial in hemorrhage from the nose also.

—The *Progrès Médical*, for the 8th of November, 1884, is exclusively occupied by an account of the medical schools, hospitals, etc., in France, and the various lectures delivered at them. It contains more than fifty pages of closely-printed double columns, quarto, and is sold separately; price, sixpence.

—Dr. Collingridge, the Medical Officer of Health for the port of London, has been engaged in Paris in an investigation into the nature and characteristics of the cholera epidemic, the conditions under which it existed, and the special arrangements made for combating the disease, both as regards hospital and sanitary administration.

—Professor Trastor, of Nantes, employs the vapor of glycerine with great advantage when a cough becomes distressing or fatiguing. Fifty or sixty grammes are placed in a porcelain capsule and evaporated over a spirit lamp. An enormous amount of vapor is disengaged. In phthisis and various other affections much relief is gained in this way.—*Revue Médicale*.

—In the *London Med. Times*, December 13, 1884, Mr. Clement Lucas reports a case of irreducible right femoral hernia—operation for radical cure by excision of omental and serous sacs, primary union; and also a case of right inguinal hernia, containing ovary and fallopian tube—operation for radical cure, removal of ovary and tube, and excision of sac.

—In November last Königsberg and Tübingen each lost a distinguished member of the medical faculty. Professor von Wittich died at Königsberg, and Professor K. von Vierordt died at Tübingen. Both of them have long been distinguished in matters connected with respiration and circulation. Professor Kolbe, of Leipsic, author of *Lehrbuch der Organischen Chemie*, died at Leipsic, on November 27th.

—An inspector of meat has been condemned at Halle to a year and a half's imprisonment in consequence of his careless inspection of some pork, in consequence of which ninety persons, inhabiting the village of Strenz-Naundorf, became affected with trichinosis, twelve of the number dying. He had reported the pork in question as

free from trichinæ, while he had only examined six of the thirty specimens submitted to him, and these very carelessly, so that a subsequent examination proved that they were infected.

—Fifty years ago there were hardly any such things as dispensaries or out patient departments. Now, in every large city a fourth of the inhabitants (if we go by reports) are annually treated for nothing. The effect has been to make the early attainment of professional skill more easy, but the early attainment of paying professional practice more difficult.

—Studied by their power to prevent the development of micro-organisms in sterilized broth, the biniodide of mercury stands at the head of the list of antiseptics. It is three times as strong as the bichloride. A solution of a $\frac{1}{1000}$ strength renders life impossible to any form of microbe, says M. Mignel, while of bichloride the strength must be $\frac{1}{100}$. Iodide of silver is also more powerful than the bichloride of mercury.

—A sad case of the suicide of a young surgeon is reported from Vienna. Having been accused of treating an inflamed finger unscientifically, he was fined and sentenced to repeat his examinations. This novel and terrible sentence appears to have so affected him that he drowned himself in the Danube. Meanwhile the verdict was appealed against, and referred to the Doctoren-Collegium, who decided that the dead surgeon's treatment had not caused the loss of the finger in question; and so the High Court acquitted him.

—Drs. Klein and Gibbes have completed their inquiries and submitted a short preliminary report. They state that Dr. Koch's comma-shaped bacilli are not peculiar to cholera, but occur also in other diseases of the intestines; that these bacilli do not behave in any way differently from other putrefactive organisms, and that inoculations of animals with recent and old cultivations of comma-shaped bacilli, as well as with cholera excreta, produced no effect.

—In England, recently, several children were observed to exhibit all the symptoms of poisoning by morphia. On searching the children's pockets, the source of their illness was made apparent. It seems that some boys stole a seven-pound packet of cough-lozenges, containing morphia, from a wholesale chemist and druggist of Chester, ate a large number of them, and distributed some among their school-companions. The children all recovered.

—At a recent meeting of the Anatomical Society of Paris, M. Babé read a short paper (*Progrès Médical*, December 6), on the comma bacillus in cholera, based on observations made in M. Cornil's laboratory from material obtained during the recent epidemic. His observations, which relate to the morphology of the bacillus and its behavior in cultivation, are for the most part confirmatory of those of Koch. He did not succeed in finding the bacillus elsewhere than in the intestine.

MARRIAGE.

NOBLE—ROSE.—December 18, 1884, at the residence of Thomas Webber, esq., Adobetown, Montana, Rev. Hugh Duncan officiating, Dr. A. G. Noble, of Glendale, Beaverhead county, M. T., and Miss May E. Rose, of Adobetown, Madison county.